

EVERY CHILD COUNTS

012345



**ALAMEDA COUNTY
CHILDREN AND FAMILIES COMMISSION**

STRATEGIC PLAN

DECEMBER 7, 1999

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***“Unless the investment
in children is made,
all of humanity’s most
fundamental
long-term problems
will remain
fundamental
long-term problems.”***

Unknown

***1995 UNICEF publication:
The State of the World’s Children***



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ALAMEDA COUNTY CHILDREN AND FAMILIES COMMISSION EXECUTIVE SUMMARY OF DRAFT STRATEGIC PLAN

“Perhaps the greatest social service that can be rendered by anybody to the country and to mankind is to bring up a family.”

George Bernard Shaw

This Strategic Plan describes a vision for a comprehensive system of early intervention services for children and families in Alameda County, and the means to make that vision a reality.

VISION

- Alameda County is committed to ensuring the optimal health, development, and well-being of young children and their families.
- Alameda County is child-friendly, values families, and respects and honors the diversity of its communities.
- Parents, civic leaders, employers, service providers, and other members of the community recognize the earliest years as critical for children’s development.
- Alameda County recognizes that home and child-care settings are critical contexts for children’s development.

MISSION

- Develop and implement a high-quality, community-based, Countywide system of continuous prevention and early intervention services to improve environments critical to the health and well-being of young children and their families.

GOALS

- Support optimal parenting, all-around health, and economic self-sufficiency for families.
- Ensure that every child from birth through age five reaches his or her developmental potential and is ready for school.
- Promote optimal physical and mental health for all children from birth through age five.
- Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

To accomplish these goals, this Plan proposes a comprehensive, integrated system of family support services, child-care quality improvement, and parenting services. The Plan proposes linking these services in a way that creates a continuum of care for all Alameda County children from birth through age five and their families. Specific program strategies are broadly enumerated in the Resource Allocation chart on page iv. The Plan seeks to expand existing services, fill in gaps in available services, and provide interdisciplinary services to give every child the opportunity to grow up healthy and ready for school. For each of the three program areas we have defined purposes, priorities, and tasks.

The elements of the Plan are briefly summarized as follows:

- **PLANNING PROCESS**

Hundreds of parents, advocates, educators, and professionals from throughout the County contributed to this Plan, which we consider a work in progress that will evolve over time. The Strategic Plan is based on the best available research and represents the current synthesis of our thinking on how to best use the wonderful resources generated by Proposition 10 to promote long-term positive outcomes for young children and their families. Community participation involved over twenty-five community hearings conducted in four languages and a telephone survey of a representative sample of 400 Alameda County parents.

- **NEEDS, SERVICES, AND GAPS**

The Plan rests on a detailed review of the needs of Alameda County families, the current services available, and the gaps between what is needed and what is available. That research shows quantifiable gaps in services throughout the County in quality child-care, family support services, and parenting programs. Although the more densely populated North County area has tremendous needs, there is also a lack of service providers in the more rapidly growing populations of South and East Counties.

- **UNIVERSAL SERVICES**

To address the identified needs, we crafted a plan that will lead to universal services for all children and families. *Every Child Counts* targets all children in families in Alameda County because the needs of children are the same in the most affluent neighborhood as they are in the poorest. What varies is the ability of parents and other caregivers to access quality services to meet the needs of the children in their care. It is our intention to address both the universal needs of children and the divergent ability of families to meet those needs.

- **BUILDING ON EXISTING SERVICES**

The unique opportunity that the Children and Families First Act (Proposition 10) provides has helped us to weave together many existing services, plans, and programs, creating what we feel is a cohesive, ambitious, and workable plan. With 20,000 births in our County each year and 100,000 children from zero to five and their families, it is clear that the estimated allocation of \$20,000,000 is not enough to meet all needs. That is why this Plan relies on integrating, leveraging, and solidifying existing programs and resources. There are many effective and creative programs for young children, but only with the catalyst and resources provided by Prop 10 have we attempted to unify those programs into a comprehensive, integrated system. Many community and governmental bodies will be instrumental in program implementation.

- **CHILD NURTURING ENVIRONMENTS**

The Plan is predicated on the basic assumption that creating positive measurable outcomes for children requires concentrating on the environments where children spend most of their time and

the people with whom they interact. Those environments are the home and the child-care facility; those people are the parents or other primary caregivers and child-care providers. Thus, *Every Child Counts* seeks to develop an integrated system of working directly with parents/primary caregivers and child-care providers to create the most nurturing, healthy, and enriching environments possible.

- **INFRASTRUCTURE SUPPORT STRATEGIES**

Comprehensive support strategies are crucial to the successful delivery of program services. The areas identified include:

- Community Outreach
- Investment
- Systems Reform and Integration
- Information and Case-Tracking Services
- Media and Marketing
- Revenue Maximization
- Cross-Disciplinary Training
- Personnel Needs

In each of these areas we have also defined the purpose, priorities, and tasks to be accomplished.

- **ACCOUNTABILITY FRAMEWORK AND EVALUATION**

For each of the three major programmatic goals related to parenting, school readiness, and the health of young children, we have defined the **outcomes desired and measurable indicators** that will allow us to track closely the short- and long-term program efficacy. A chart of these Countywide outcomes and indicators is included in the Plan. Additionally, we have defined implementation strategies and indicators that will be used to track the amount and quality of service implementation. We realize it may be necessary to modify these once the State Commission has developed their own recommended outcomes and indicators. The Plan also describes the process and designates resources for comprehensive evaluation.

- **RESOURCE ALLOCATION**

Recommendations for resource allocation for *Every Child Counts* are based on the understanding that it will take several years to get up to full-scale operation. Because of limitations in existing infrastructure and available personnel, the sweeping changes proposed in this Plan will be phased in over several years. Thus, the budget includes figures for first-year and full implementation.

The budget also projects funds that can be leveraged from other sources to augment the tobacco tax money. Those sources include other county, state, and federal revenues as well as foundation, corporate, and community funding.

The recommendations reflect a desire to encourage creativity within the communities and cities of Alameda County. To that end, we will make funds available through a request for proposal process to support projects that further the goals and outcomes of *Every Child Counts*. Strict adherence to accountability, performance standards, participation in cross-disciplinary training, and service integration will be required of all funded programs. Balancing geographic and ethnic communities is also vital.

SUMMARY OF FIRST YEAR FUNDING RECOMMENDATIONS FOR PROP 10 REVENUE

(Alameda County's Projected Allocation is \$20 million)

Expense Category	Recommended Allocation
FAMILY SUPPORT (INCLUDING PARENTING)	
HOSPITAL OUTREACH AND EDUCATION	\$150,000
INITIAL 1-3 HOME VISITS	\$1,050,000
TOBACCO CESSATION	\$100,000
INTENSIVE FAMILY SUPPORT	\$3,525,000
CHILD CARE IMPROVEMENT	
CHILD DEVELOPMENT CORPS	
ENTRY	\$1,500,000
INTERMEDIATE	\$1,200,000
ADVANCED	\$1,100,000
QUALITY IMPROVEMENT GRANTS	\$650,000
SITE IMPROVEMENT LOANS AND GRANTS	\$799,700
COMMUNITY-BASED MENTORS	\$295,800
TRAINING ENHANCEMENTS	\$362,500
CAREER ADVISORS	\$187,500
TRAINING AND PROFESSIONAL DEVELOPMENT	\$250,000
SUPPORT	\$250,000
COMMUNITY GRANTS	
COMMUNITY-BASED PROGRAMS	\$2,000,000
PARENTING SUPPORT	\$1,000,000
CITY MATCHING GRANTS	\$2,000,000
INFRASTRUCTURE SUPPORT	
ADMINISTRATION	\$750,000
TRAINING	\$375,000
TRACKING/INFORMATION SYSTEMS	\$500,000
EVALUATION	\$500,000
MEDIA/MARKETING	\$100,000
INVESTMENT	\$1,354,500
TOTAL	\$20,000,000

- FLEXIBILITY, OPPORTUNITY, AND RESPONSIBILITY**

When attempting something as innovative and bold as the *Every Child Counts* Plan, it is crucial to evaluate and learn as the program unfolds. We recognize that the Plan is ambitious and will take several years to implement fully. Thus, a first goal of each program and support area will be to create a detailed and prioritized task list to guide program implementation. Also critical to success is the ability to adjust the program and distribution of resources as necessary. We hope to work closely with the State Commission and other County Commissions to implement the extraordinary vision and opportunity presented for the children and families of our State. **We intend to consistently put the needs of children and families first.** We also accept the responsibility to use every dollar wisely, promoting better outcomes for young children and confirming our commitment that *Every Child Counts*.



I. A VISION FOR CHILDREN AND FAMILIES IN ALAMEDA COUNTY

“Let us put our heads together and see what life we will make for our children.”

Tatanka Iotanka (Sitting Bull, Lakota)

This Strategic Plan describes a vision for a comprehensive system of early intervention services for children and families in Alameda County, and the means to make that vision a reality. The following sections describe how this Strategic Plan came to be, what Alameda County’s service needs and gaps are, and how resources available through the Children and Families Commission will leverage existing child-care and family-support services to fill those gaps.

VISION

- Alameda County is committed to ensuring the optimal health, development, and well-being of young children and their families.
- Alameda County is child-friendly, values families, and respects and honors the diversity of its communities.
- Parents, civic leaders, employers, service providers, and other members of the community recognize the earliest years as critical for children’s development.
- Alameda County recognizes that home and child-care settings are critical contexts for children’s development.

MISSION

- Develop and implement a high-quality, community-based, Countywide system of continuous prevention and early intervention services to improve environments critical to the health and well-being of young children and their families.

GOALS

- Support optimal parenting, all-around health, and economic self-sufficiency for families.
- Ensure that every child from birth through age five reaches his or her developmental potential and is ready for school.
- Promote optimal physical and mental health for all children from birth through age five.
- Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

We recognize that the Plan delineated here is ambitious and will take several years to fully implement. Thus, a first task within each program and support area will be to create a detailed and prioritized task list to guide program implementation.



II. THE PLANNING PROCESS

A. BACKGROUND

After the passage of Proposition 10 in November of 1998, the Alameda County Board of Supervisors established a five-member steering committee to guide the planning process. That group included: Supervisors Wilma Chan and Gail Steele, Social Services Agency Director Rodger Lum, Health Care Agency Director Dave Kears, and County Administrator Susan Muranishi. Funds were advanced from the Health Care Agency to be reimbursed when Prop 10 funds are received. Inexpensive office space was located next door to the Health Care Agency in San Leandro.

The steering committee hired staff to lead the planning process. Their names and the participating County staff members are included in the Acknowledgements. The major elements of the planning process included:

- **Research** to identify promising practices and to identify needs, services available, and gaps.
- **Community outreach** to explain Proposition 10, the *Every Child Counts* planning process to the public, to obtain input on community needs and service gaps, and to investigate optimal use of funds.
- **Infrastructure development** to establish an operational framework within which to execute project planning and implementation.
- **Strategic Plan Development** to construct a blueprint for service-delivery.

B. RESEARCH REVIEW

Staff collected a great deal of information primarily through an Internet search, a literature review, and meetings with researchers and practitioners. A summary of findings, entitled *Attributes of Successful Programs*, is appended to the Plan. As part of this research, staff examined best practices and promising programs in the following areas:

- Home visiting programs
- Child care (programs, quality, and standards)
- Parent education programs
- Substance abuse and tobacco cessation programs for pregnant women
- Brain development and child enrichment programs
- Effective community collaborations

This synthesis of available data was instrumental in shaping the program planning process and the Strategic Plan development that is embodied in the *Every Child Counts* Plan.

C. COMMUNITY OUTREACH

Input was obtained from community members about community needs, service gaps, and the use of funds generated by the Children and Families First Initiative. Strategies employed to garner community input are described below. Findings from these efforts are summarized in the *Community Outreach Report* (see Appendix or Website).

1. PUBLIC HEARINGS

A series of over 25 public hearings, focus groups, and meetings were held throughout the County. Members of the Alameda County Board of Supervisors sponsored hearings at the following locations: Alameda, Berkeley, East Oakland, Emeryville Fruitvale District, Fremont, Hayward, Oakland Chinatown, Oakland Fruitvale District, Oakland Laurel District, Pleasanton, San Leandro, and West Oakland. Meetings were conducted in Chinese, Spanish, and Vietnamese as well as in English. Staff also met with dozens of groups with special focal points including: homelessness, male parents, adoption, parents with disabilities, children with disabilities, youth collaboratives, community health clinics, human relations commissions, and education.

2. TELEPHONE SURVEY AND COMMUNITY OUTREACH QUESTIONNAIRE

To obtain supplementary community input regarding service needs and gaps, a survey was conducted. The firm of Evans and McDonough surveyed a representative sample of 400 Alameda County residents with children aged five and younger (or expecting a child in the coming year). Results of that survey were supplemented with results from a community-outreach questionnaire conducted among 97 non-English-speaking persons in the Greater Oakland Area. The full report is available for review on the Children and Families Website.

3. WEBSITE

A Website was launched to provide broad public access to the latest developments in the implementation of the Children and Families Initiative in Alameda County (www.ackids.org). The Website contains comprehensive information regarding research, meetings, agendas, minutes, bylaws, community outreach, and planning. The website proved to be an invaluable tool for communication and outreach to thousands of people.

4. PARENTING

A Parent Education Advisory Committee was convened to identify key parent education elements for the County's Strategic Plan and to form an ongoing Parenting Network. The Committee included representation from over thirty parenting organizations throughout Alameda County. The group also developed a

survey and collected program information from parenting agencies throughout the County.

5. NEWSLETTER

Staff developed and distributed over a thousand newsletters Countywide in June. The newsletter describes Proposition 10, outlines the planning process, contains quotations from each member of the Board of Supervisors, and offers staff contact information (available on the www.ackids.org Website).

D. INFRASTRUCTURE DEVELOPMENT

Infrastructure development planning included:

- Developing a comprehensive work plan
- Hiring planning staff, contracting with necessary consultants
- Obtaining office space
- Setting up a Children and Families trust account
- Purchasing and leasing office equipment
- Developing staffing plans
- Developing bylaws, researching personnel policies and hiring processes
- Setting up office systems
- Developing committee structure
- Linking with the State Commission
- Passing the County Ordinance establishing the Children and Families First Commission and subsequent amendments
- Selecting the nine-member Alameda Children and Families Commission
- Investigating investment options

The members of the Children and Families Commission were selected after development of a job description and application, and extensive outreach to potential commission candidates. Forty-five well-qualified individuals applied. A nine-member panel of community leaders and Board of Supervisors staff members carefully reviewed the applicants, interviewed 13 candidates and selected six to be recommended for the community slots. The Board of Supervisors appointed the Commission members on July 26, 1999 along with three County representatives as mandated by the Children and Families First Act.

E. STRATEGIC PLAN DEVELOPMENT

Children and Families staff worked closely with existing groups, including the Interagency Children's Policy Council high-risk planning group known as Pre3+, the Alameda County Child Care Planning Council, and the Interagency Children's Policy Council (ICPC), to put together a draft framework for the Alameda County Children and Families Strategic Plan. The resulting document, entitled *Every Child Counts*, synthesized research on best practices and community outreach results, and was completed in May of 1999. That document provided the framework for this Strategic Plan, also entitled *Every Child Counts*.

Since May of 1999, workgroups, organized around the strategic elements described in *Every Child Counts*, met to develop comprehensive action plans and create the current Plan. Workgroup chairs and members have included many County staff members from health care, public health, social services, child care, and behavioral health, as well as community members and County Commissioners. The workgroups include: Infrastructure, Fiscal, Child Care, Indicators/Tracking, Media and Marketing, Chairs Coordination Meeting, Social Service Agency, Partnership Priorities, Model/Quality Assurance, Inventory Mapping, and Parenting Education.

Out of this process, with additional input from the County Commission, this Alameda County Children and Families Strategic Plan was crafted.



III. NEEDS, SERVICES, AND SERVICE GAPS

The first steps in developing the *Every Child Counts* Strategic Plan were to define critical needs of children and families in Alameda County, catalog existing services to meet those needs, and identify service gaps. This needs assessment and gap analysis provided a rational basis for developing service-delivery strategies that maximize existing services and are not duplicative. Two sources of information were included in the needs assessment. First, information was included on the need for quality child care and on barriers to high-quality child care in Alameda County. Second, the Inventory Mapping Workgroup identified broad family support and parenting needs, described existing resources, and analyzed service gaps in Alameda County. What follows is a description of needs, services, and service gaps in the Alameda County system of child-care, family support, and parenting support.

A. NEEDS

1. Child Care

In preparing to implement *Every Child Counts*, the Alameda County Child Care Planning Council Needs Assessment Committee analyzed the service capacity and program quality of Early Care and Education (ECE). Two economic and social trends have drastically affected the availability and quality of child care in Alameda County:

- CalWORKs (welfare reform) and the improved economy have significantly increased the demand for ECE services but have not provided support for staff recruitment and training, facility development, or parent education and support. Thus an already-stressed infrastructure has been weakened.
- The improved economy and reduced class size in elementary schools have caused an exodus of highly skilled ECE staff into better-paying jobs. ECE has consistently lost a high proportion of its teachers with BA degrees.

Because of the resulting staffing shortage, local programs have been unable to capture new direct-service funding. The staffing crisis has also precipitated severe erosion of quality of care throughout the system. In response to these alarming trends, the Committee undertook two activities. First, to better understand the *importance* of child care, the Committee reviewed academic research on the impact of quality of care on children and identified determinants of quality. Second, to understand the state of child care in Alameda County, the Committee reviewed local indicators of quality to focus on how best to direct the efforts of *Every Child Counts*.

A 26-year-old father, with custody of his two children, is learning computer skills in the CalWORKS training program. He is looking forward to getting a job, although he is worried about his 3-year-old son who is having difficulties in child care. The boy has a language delay and this has caused problems with self-expression and potentially dangerous and aggressive behavior toward the other children. The child-care provider, who has been trained by the Behavioral Health Care Preschool Consultation Program, talks to Dad about family support services from Every Child Counts. Dad agrees to participate; he meets with a developmental specialist, a child therapist, and his son's teacher. The service providers observe the child in school and during a home visit. A family support plan is developed that includes speech and language services, communication interventions for the father and child-care staff, a referral to the local Special Education Local Planning Area, and ongoing home visits to assist Dad in understanding his son's developmental issues.

Child-care services and service gaps will be described in the following sections. The “Identified Services” section provides a brief description of child-care services in Alameda County; the “Identified Gaps” section details barriers to quality services.

2. FAMILY SUPPORT AND PARENTING SERVICES

To evaluate neighborhood level-of-need for family support and parenting services, the Pre3+ Steering Committee and the Inventory Mapping Workgroup first identified key indicators of health and social environment. These indicators were chosen because they are associated with risk for poor health and developmental outcomes among children and families; therefore, they are likely to be sensitive

proxies for service need. Health and social-environment indicators identified included:

- Teen births
- Poverty
- Single parent families
- Low birthweight
- First-time births
- Late or no prenatal care
- Environmental Tobacco Smoke prevention education (EST)
- Cessation services

Data on these indicators were then gathered from a variety of sources to evaluate the level of likely service need in each of Alameda County's 43 identifiable neighborhoods. Using these data, each neighborhood received a summary score reflecting:

- The absolute number of people likely to need *Every Child Counts* services in each neighborhood
- The concentration or proportion of people in each neighborhood likely to need *Every Child Counts* services

Information on neighborhood level of need is summarized in Map 1 (see Appendix). This map suggests that the highest concentration of families with potential need for services, based on the identified indicators listed above, extends, in a "belt-way" fashion, from West Berkeley through downtown Oakland into Hayward and other unincorporated areas of South County.

B. SERVICES

1. CHILD CARE

In Alameda County, approximately 2000 licensed facilities serve more than 32,000 children in full- or part-day ECE programs, and employ about 7500 staff. Two primary types of licensed care are used. One type is family child care located in the provider's home and licensed to care for up to 14 children. The other type is non-residential child-care centers, which are licensed to care for any number of children depending on health, safety, and other licensing regulations. Center-based programs are sometimes known as pre-schools, nursery schools or Head Start. There is also care by individuals and some types of group situations that are exempt from licensure. Although data are not available on the number of children served in child care, other data are available to give a sense of the scope of child-care activities in Alameda County. ECE generates about \$330 million each year in Alameda County through parent fees, subsidies, grants, and secondary sources. Direct federal and state subsidies equal over \$110 million. Children of every age, from every social and economic strata, and from numerous cultural and linguistic

groups are involved in child care, as are children with special needs, medical fragility, and those from vulnerable families.

Facilities and funding for ECE are quite evenly distributed between the South and North County regions, with the urban areas receiving a higher proportion of subsidies for low-income families. East County (Livermore Valley) has fewer facilities and subsidies because of lower population; but it is experiencing a comparatively accelerated growth in ECE development, matching its business and residential development.

All geographic areas are experiencing the loss of qualified staff, especially teachers who are trained to work with infants and toddlers and with children who have special needs. There is a Countywide need to increase and improve staff training and professional development coordination. The primary, post-secondary and training institutions for ECE (Community Colleges) are located in Oakland, Hayward, Pleasanton, and Fremont.



2. FAMILY SUPPORT AND PARENTING SERVICES

As stated previously, there are 20,000 new births in Alameda County each year. Of these, approximately 242 newborns weigh less than two and a half pounds; another 1100 weigh less than five pounds; 11 percent are born to teen mothers. Additionally, in 1992, 17 percent of newborns tested positive for one or more drugs. An assessment of available services was conducted to identify gaps and needs for enhancement in service delivery.

To describe existing family support and parenting services, the Inventory Mapping Workgroup completed a rigorous review of health, human services, and early care and educational resources available to children and families in Alameda County. Service categories were selected that are likely to meet needs identified in the Children and Families First Act. Service categories in the assessment include:

- Case management
- Early care and education (Child Care)
- Parent education and support groups
- Disability and special needs
- Basic emergent needs
- Health and medical (CHDP providers included)
- Dental care
- Hotlines and warmlines
- Homeless people's services
- Family resource centers
- Child respite services

- Drug and alcohol rehabilitation services
- Women, infant, children (WIC)
- Male parenting and involvement
- Home visiting programs
- Environmental Tobacco Smoke prevention education
- Cessation services

Information on these service categories was summarized by neighborhood and displayed on a series of maps of Alameda County. Each map shows where service providers are located and summarizes service capacity, length of waiting period, eligibility, and focus of services. (See sample asset map in the Appendix.)

C. SERVICE GAP ANALYSIS

1. CHILD CARE

Through the needs analysis, it became clear that we needed to create additional child-care facilities and programs; however, they cannot be created without first addressing serious attention to quality improvement.

All of the available research points to the need for high quality programs to ensure the physical, social, emotional, and intellectual growth of our children. Research further shows that quality is determined by consistent care provided by highly-skilled staff who earn adequate compensation and receive professional-development support (See Appendix).

“Modern cynics and skeptics...see no harm in paying those to whom they entrust the minds of their children a smaller wage than is paid to those to whom they entrust the care of their plumbing.”

John F. Kennedy

The greatest threat to quality ECE in Alameda County is extremely high staff turnover; a direct result of low wages. The Countywide ECE staff turnover rate in 1998 was 32 percent, increased from 25 percent in 1995. Teachers in subsidized community-based programs, which serve some of our most at-risk children, left at a rate of 47 percent in 1998 compared to 10 percent in 1995. Fully fifty percent of the staff in those programs who held BA degrees left in 1998.

The highest average wage an ECE teacher earned in 1998 was \$12.77 per hour, a one percent increase from 1995. The lowest-paid teacher's assistant earns \$12,320.00 per year, a salary that is below the self-sufficiency wage for a single person.

To improve the quantity and quality of ECE it is essential to recruit, train, and retain qualified staff, and institute programs for facility development. The Strategic Plan for *Every Child Counts*, in coordination and collaboration with other Countywide efforts, is designed to address these priorities.

A 24-year-old mother is referred for services following the birth of her second child. She is provided information about Every Child Counts and accept a post-partum home visit with a public health nurse. During the home visit, the nurse spends time with the mother discussing the needs of her newborn. She happens to observe the mother in a difficult interaction with her two and a half-year-old. The mother talks about the behavioral problems her child is having in child care, hitting and biting other children. The mother agrees to meet with a developmental specialist from the Family Support Team and the child-care provider.



2. FAMILY SUPPORT AND PARENTING SERVICES

Our assessment reveals where the need for family support and parenting services is most concentrated and what family support and parenting services are available to meet those needs. Areas with critical gaps in services are those in which a high concentration of need coincides with a low concentration of available services. A series of maps that overlay risk and resources most clearly shows where gaps in agencies available to provide family support and parenting services exist. The maps show that there are limited South and East County service agencies that have the ability to provide:

- Case management
- Dental resources
- Male parenting support
- Basic needs
- Early child care and education
- Family resource centers
- Child respite
- Home visiting programs
- Environmental Tobacco Smoke prevention education
- Cessation services

Although there are more service agencies located in North County, there are many families in need of family support services. Further assessment is needed to determine the present capacity of these agencies to adequately service both families with basic parenting education and support needs, and those families with more complex needs.



IV. OUTCOMES-BASED ACCOUNTABILITY FRAMEWORK

“Our children offer us immortality. We offer our children a place to belong.”

The Yakama Indian Nation Cultural Center

The previous sections of this document described the overall vision and need for the *Every Child Counts* system to support children from birth through age five and their families. The following sections will describe specific programmatic strategies needed to implement the overall vision of improving the lives of children and families. This section serves as a bridge between the broad vision and the specific programmatic details by outlining a unified framework for measuring how well we are achieving the vision in *Every Child Counts*.

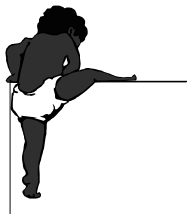
That framework is detailed in the following pages, and contains the following information:

- Specific program **Goals**
- **Key Child and Family Outcomes** targeted for intervention under each goal
- Measurable **Child And Family Outcome Indicators**
- Program **Implementation Strategies** employed to achieve child and family outcomes
- **Implementation Indicators** measuring the quality and amount of program services delivered

The Accountability Framework serves three major functions. First, it ties together in a single unified framework programmatic goals and outcomes that may seem unrelated. Second, it offers a clear statement of the ends sought by *Every Child Counts* and the means employed to achieve those ends. And finally, it offers the basis for evaluating the success of *Every Child Counts*.

We recognize that the specific goals, child and family outcomes, program strategies, and indicators will probably change over the course of the early stages of implementation. As previously disconnected agencies begin to work together under the *Every Child Counts* system, it is likely that they will revise and specify their shared goals and ways of measuring progress toward those goals. Also, we intend to work with the State Commission on harmonizing our selected outcomes and indicators with the goals of the State and other Counties.

We view this Accountability Framework as a work-in-progress, a work that will continue to be shaped by input from the public, and in collaboration with the Children and Families Commission.



GOAL	CHILD AND FAMILY OUTCOME	CHILD AND FAMILY INDICATOR	IMPLEMENTATION STRATEGY	IMPLEMENTATION INDICATOR
1. Support optimal parenting, social and emotional health, and economic self-sufficiency of families.	1. Reductions in child abuse and neglect.	1. Number of serious avoidable injuries, such as poisoning, gunshot wounds, choking (hospital and clinic data).	1. Increased availability of parenting classes.	1. Number of parenting classes available.
				2. Parent satisfaction with classes.
		2. Number of domestic violence reports (police records).	1. Expanded access to culturally appropriate educational materials in multiple languages.	1. Number of topics and languages of educational materials.
				2. Number of organizations participating in material distribution network.

GOAL	CHILD AND FAMILY OUTCOME	CHILD AND FAMILY INDICATOR	IMPLEMENTATION STRATEGY	IMPLEMENTATION INDICATOR
		3. Number of asthmatic upper respiratory infections (hospital and clinic data)		3. Parent satisfaction with materials.
			1. Increased availability of ETS prevention and education materials to parents.	1. Number of languages of ETS educational materials
			2. Trainings on ETS prevention to service providers and parents	2. Number of parents and service providers trained.
			3. Trainings on asthma control, prevention, and nebulizer treatment to parents, teaching staff, and other service providers.	3. Number of parents and others trained.
	2. Increased economic self-sufficiency among families.	1. Proportion of adults with living wage employment.	1. More and improved training of child-care workers.	1. Proportion of child-care workers completing professional development program.
			2. Improved incentives for child-care professional development.	2. Number of incentive programs available.
			3. Increased availability of quality child care.	3. Child-care worker report of value of incentives.
				4. Number of child-care facilities with high scores on Early Childhood Environment Rating Scale (ECERS).
	2. Improve the development and school readiness of young children from birth to age five.	1. Decreased number of children referred to special services such as mental health, therapeutic nursery schools.	1. Improvements in the quality of child care.	1. Average ECERS score of child-care facilities.

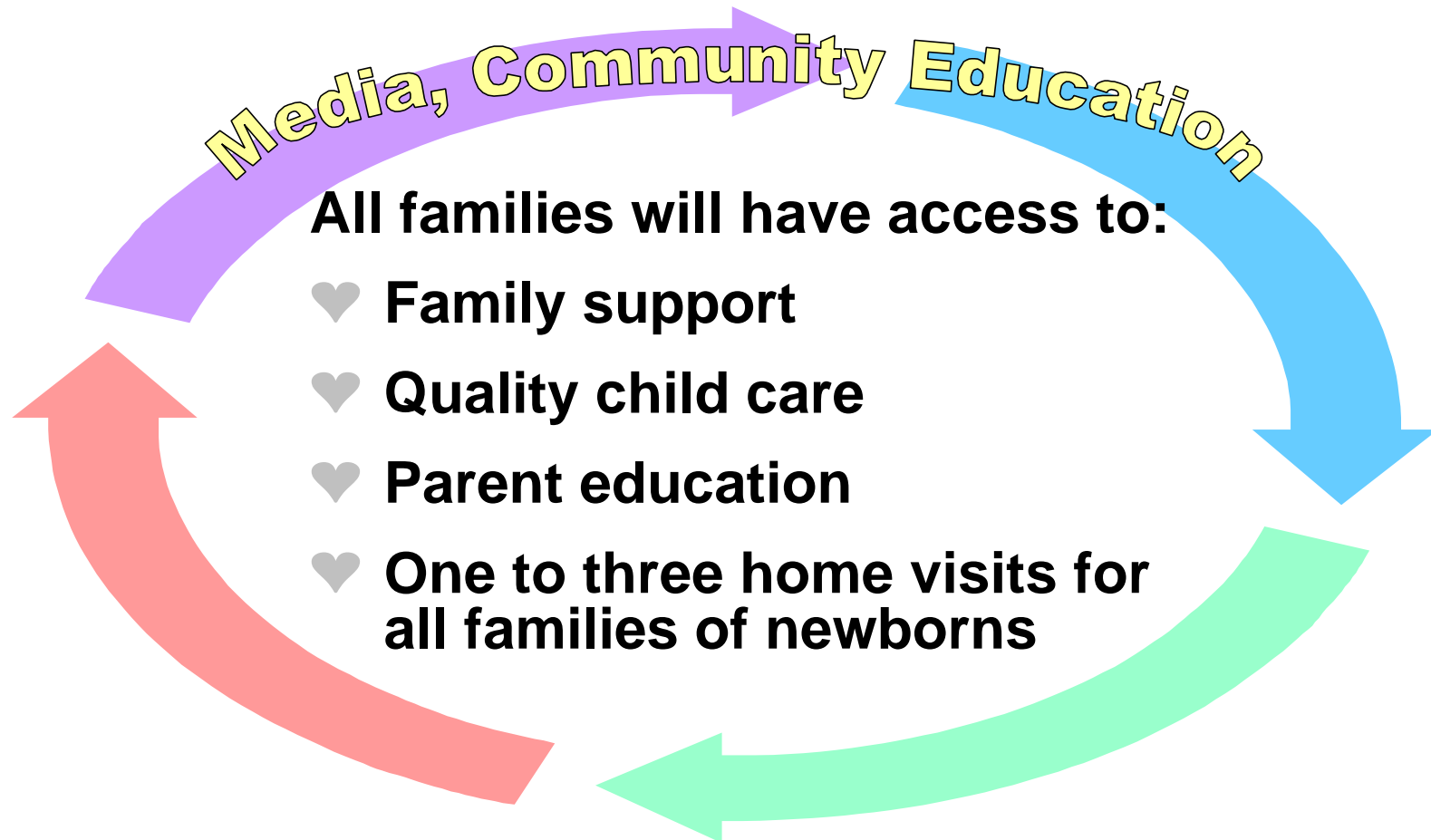
GOAL	CHILD AND FAMILY OUTCOME	CHILD AND FAMILY INDICATOR	IMPLEMENTATION STRATEGY	IMPLEMENTATION INDICATOR
	2. Improved Kindergarten attendance.	1. Number of days Kindergartners attend school.	2. Increased availability and quality of developmental support services to parents and families.	1. Number and parent reported quality of parenting classes available. 2. Number and parent reported quality of parenting materials and support.
			1. Availability of high quality services that support the transition between preschool and Kindergarten	1. Number, kind, and quality of parenting materials and support.
			2. Increased public awareness of the importance of Kindergarten.	1. Number and kinds of media message addressing the importance of school readiness and attendance.
			3. Increased parent education and support to maintain children in Kindergarten.	1. Number and quality of before and after-school programs for Kindergarten-aged children.
3. Improve the overall physical and mental health of young children	1. Increase age 2 child immunization rate to 90%	1. Percentage of children age 2 who are immunized (health records).	1. Ensure health insurance coverage to children from birth to age five.	1. Number and proportion of children with primary care providers (parent report, child-care report and health care records.)
			2. Increase the proportion of children who have a primary care provider to 95%.	
	2. Reduce rate of intentional injury by a substantial amount.	1. Incidence of physical and sexual assault (hospital and clinic records).	1. Increase availability and quality of support services to families with multiple risk factors for abuse.	1. Number of high-risk families receiving support services
				2. Parent reported quality of services provided

GOAL	CHILD AND FAMILY OUTCOME	CHILD AND FAMILY INDICATOR	IMPLEMENTATION STRATEGY	IMPLEMENTATION INDICATOR
	3. Reduce prenatal and early exposure to alcohol, tobacco and other harmful substances.		2. Increase parent awareness of support services such as warmlines, respite and parenting groups.	1. Decreased number of inappropriate calls to child abuse hotline, and increased routing of those calls to appropriate resources.
		1. Proportion of infants born free of prenatal substance abuse.	1. Improved availability of prenatal care to women with history of alcohol, tobacco, and substance abuse. Should include other close family members including partners.	1. Number of substance using women enrolled in prenatal care.
		2. Number of parents of young children participating in prevention and treatment programs.	1. Enhance capacity of treatment programs to serve women with infants and young children.	1. Provider and parent report of quality and coverage of treatment.
				2. Number of women with infants and toddlers served by treatment programs.
			2. Increase training to service providers on working with substance using families. and smoking families.	1. Number and provider reported quality of training opportunities in the area of working with substance using families. and smoking families.
4. Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.	To be determined	To be determined	1. Create a process to develop shared outcomes, indicators, and performance indicators.	1. Memoranda of Understanding outlining development process among participating agencies.

GOAL	CHILD AND FAMILY OUTCOME	CHILD AND FAMILY INDICATOR	IMPLEMENTATION STRATEGY	IMPLEMENTATION INDICATOR
			2. Agency and program staff agree upon a unified set of outcomes, indicators, and performance measures.	1. Memoranda of Understanding outlining outcomes, indicators, and performance measures.
			3. Agencies establish agreements that provide for shared resources and leveraged, blended funding.	1. Memoranda of Understanding outlining the method of sharing resources and blending funding.
			4. Agencies support and provide for staff time to coordinate and integrate services.	1. Number of staff hours dedicated to liaison function.
			5. Tracking system links service providers and services, and provides each client with a single identifier.	1. Proportion of clients who are referred to services efficiently and appropriately.
				2. Proportion of clients in system with unique identifier.



UNIVERSAL COMPONENTS OF EVERY CHILD COUNTS





V. PROGRAMMATIC STRATEGIES

"Our visiting public health nurse does what cannot be done in a clinic or a doctor's office. She comes into our home, sees our baby, sees us interact, and offers both simple and profound advice. It is immediate. It is ongoing.... We sleep better through the night now. I cannot adequately describe the profound impact she has had on the development of our baby."

Alameda foster parent caring for a child with a disability

A. FAMILY SUPPORT SERVICES

A great deal of research suggests that the family environment is a critical context for children's development. To support families in their effort to create a safe and nurturing environment for their children, *Every Child Counts* will provide all families with information, education, and support. The core of family support services will be a Family Support Team consisting of a multidisciplinary group of personnel that includes advocates, nurses, and mental health staff. Family visitation—in the home, when possible—represents one of the core service strategies of the family support service model outlined here. In addition, a variety of other parenting support strategies, including groups and classes, will be woven into all family support services.

Since the 1980's, several models of home visitation have emerged. Careful systematic evaluation suggests that home visiting can be an effective means of service delivery to families. The success of home visiting appears to depend on the training of home visit personnel, the quality of services offered, the intensity and frequency of services, and the quality of the relationship between the family and the home visitor. Based on these considerations, *Every Child Counts* will model its home visitation program on "California Safe and Healthy Families," David Olds' "Nurse Home Visiting Model," and "Healthy Families America." The *Every Child Counts* model:

- Employs empirically validated best practices
- Provides comprehensive services
- Tailors the type and intensity of services to individual family needs
- Offers multidisciplinary services using a combination of professionals and trained community-based family advocates
- Limits home visitors' caseloads
- Embraces the central role of the family in decision-making and planning through informed consent and strict adherence to confidentiality regulations

In general, universal services and consistent ongoing media reinforcement of these issues is critical to creating a child-friendly county where the needs of children and families are a top priority. The following recommendations for family support services are based on work by various workgroups that have explored the gaps in services and needs of families in Alameda County.

A second important priority for *Every Child Counts* is to reduce children's exposure to secondhand tobacco smoke. Exposure to secondhand tobacco smoke is a serious risk factor for young children. From birth through age five, children's lungs are still developing, and secondhand smoke can cause decreases in lung functioning. In addition, secondhand smoke can cause or exacerbate a variety of traumatic, painful, and costly ailments, including ear infection, respiratory tract infection, and asthma. To ameliorate the pain and cost associated with children's exposure to secondhand smoke, family support services will incorporate efforts to prevent and reduce parents' use of tobacco products.

1. PURPOSE

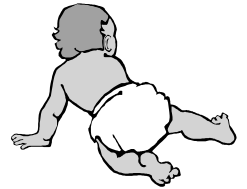
- a. **To establish services that are voluntary, respectful, and family-centered, and grounded in the development of a partnership between family and primary provider.**
- b. **To provide services in a way that respects the many dimensions of diversity** among Alameda County residents. Respect for diversity will be expressed in project hiring practices, the content and delivery of supervision and consultation services, and the content and delivery of *ECC* services.
- c. **To promote home environments--both emotional and physical--that enhance children's development.**

2. PRIORITIES

- a. **To establish a continuum of voluntary family support services** for all families with children from birth through age five in Alameda County.
- b. **To ensure that the family plays an active role in decisions about the type and intensity of support services provided.**
- c. **To recognize parent expertise** in making decisions about the health and development of children.
- d. **To respect the confidentiality of families and to ensure that families are fully informed about all aspects of their participation in *Every Child Counts* services.**
- e. **To base decisions about the type and intensity of support services on family need, and the many dimensions of diversity represented in**

Alameda County, including language, culture, ethnicity, sexual orientation, and disability.

- f. **To develop a tracking system** that will:
 - Prevent children and families from “falling through the cracks”
 - Ensure that there is a continuum of care from birth through age five
 - Ensure that after age five, there is a smooth transition from one system to another
- g. **To incorporate already existing programs serving children from birth through age five** into a network of providers for purposes of coordination and cross training.
- h. **To develop a feedback loop between hospitals, primary care providers and community- based programs** to assist families after discharge from the hospital.
- i. **To provide tobacco prevention and cessation education and treatment services** to promote smoke-free environments for children.

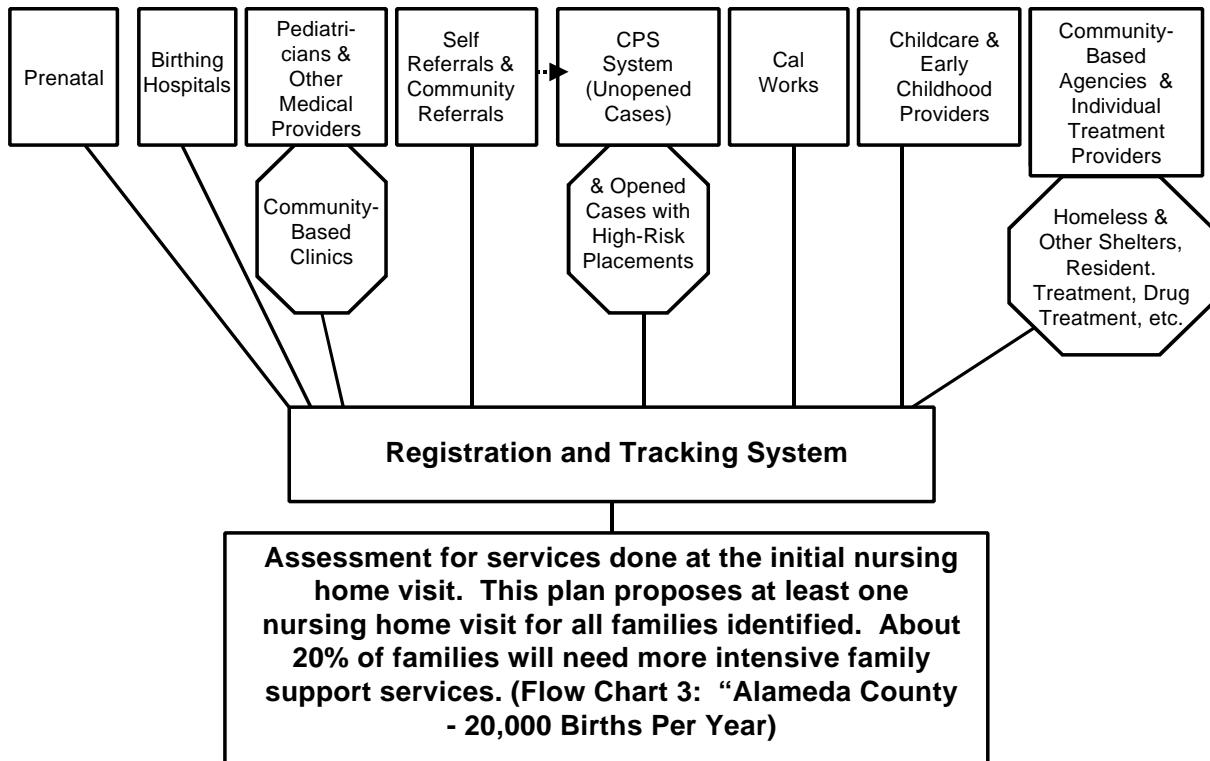


3. TASKS

- a. **Develop a more detailed action plan and timeline** for all family support service activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- b. **Develop protocols that outline how families will be given informed consent about their participation in the program.** Specifically, develop informed consent authorization forms, consent to release information forms, and procedures that are consistent with confidentiality and privacy regulations.
- c. **To develop service-delivery practices that are sensitive to variations in family structure and practices**, especially variations associated with cultural and ethnic group membership.
- d. **Identify families in need of services during pregnancy.** Identifying women with medical and social stressors in the prenatal period allows sufficient time to build supportive relationships between team members and pregnant women. A strong relationship between service providers and pregnant women can promote prenatal health and enhance pregnancy outcomes.

- e. **Access multiple points of entry for early identification**, including child-care facilities, medical providers' offices, clinics, social service agencies, correctional facilities, managed care plans, homeless shelters, residential treatment programs, and faith-based organizations.
- f. **Support families of new babies discharged from Alameda County nurseries:**
 - **Provide a hospital orientation to all new parents on the availability of family support services through *Every Child Counts*.** The following services will be offered:
 - One to three nursing home visits post discharge, including well-baby screening, referral to primary physician, breast feeding and other feeding support, resource and referral
 - Information on geographically and linguistically accessible parenting classes and other supports
 - Written materials on child development and parenting will be distributed to families during the first 5 years of their child's life
 - Quarterly follow-up phone calls during the first year of life to ensure that parent concerns and support needs are addressed
 - **Provide ongoing services for families with multiple needs.** Family support, including site visiting (visits at home, child-care center or other community location), groups and classes, will be available to families with ongoing needs. Family Support Teams will be developed throughout the County with multidisciplinary team members providing family support services. Team members may include nurses, mental health specialists, and child development specialists, family advocates, and alcohol and drug specialists.
 - **Families will be identified through initial home visits and other points of entry**, including pediatricians, community-based clinics, self-referrals, Child Protective Services, CalWorks, child-care and early education providers, and other community-based agencies (See Figure below).
 - **Offer referral to and coordination with other early childhood environments.** *ECC* service providers will consult to and coordinate with child-care settings. In addition, service providers will refer parents as needed to developmental playgroups, parent support and education groups, early childhood mental health and prevention, medical care, and other family support services.

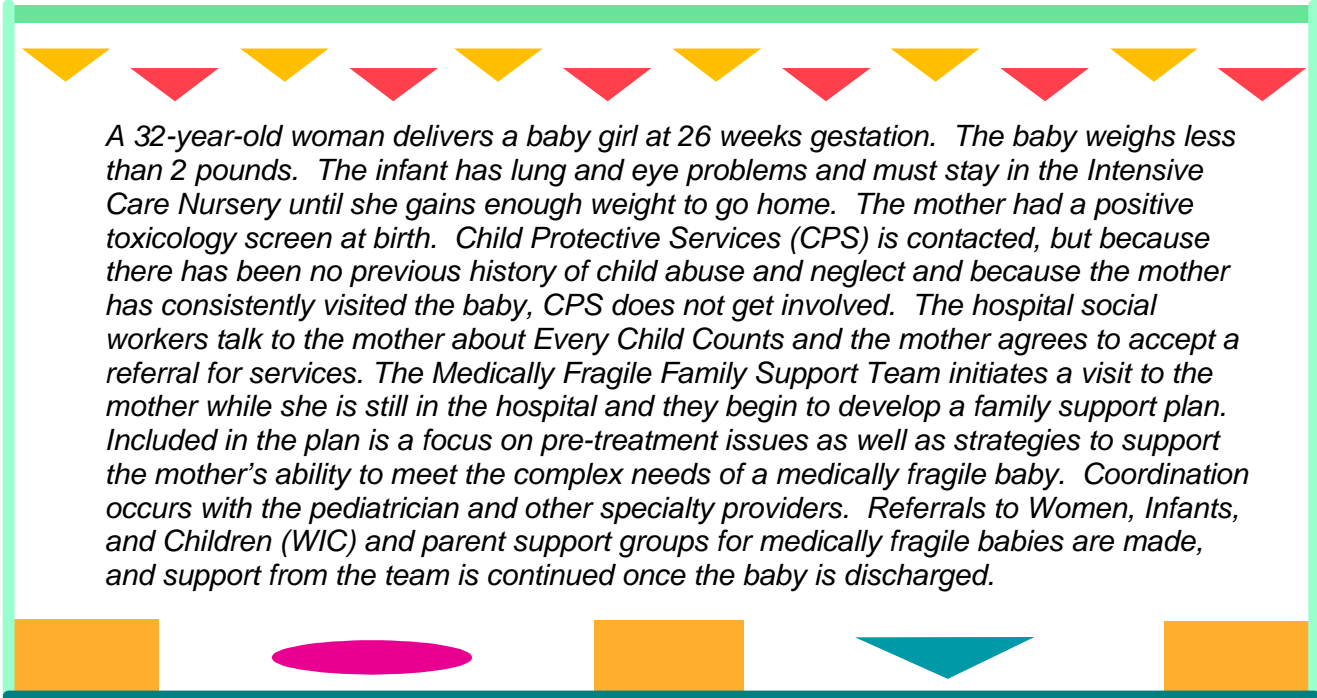
Identification of Children and Families Needing Family Support Services



e. Support for babies discharged from Alameda County Neonatal Intensive Care Units:

- **Provide a hospital orientation to all parents of medically fragile and other developmentally at risk babies**, defined as children who have been born prematurely, with low birthweight, or babies that have congenital anomalies or other health problems that increase their risk for poor developmental outcomes.
- **Begin family support services** (in collaboration with hospital staff) for medically fragile infants during the hospitalization period. Services will include:
 - **Parent support and education groups** beginning during hospitalization and continuing after discharge.
 - **Parent-to-parent support** by trained parents who have been through the experience of having a medically fragile or developmentally at-risk baby
 - **Breastfeeding support** beginning during hospitalization and continuing after discharge
 - **Dental referrals and dental and feeding education**

- **Developmental interventions** geared toward increasing the ability of parents to read and respond to the cues of their newborns
 - **Referrals to community-based agencies and parenting support** services as needed.
 - **Coordinated approaches to case conferencing** prior to discharge with families who have babies with complex needs.
- f. **Provide ongoing family support services for medically fragile and other developmentally at-risk babies.** After parents take their medically fragile babies home, the following services will be offered:



A 32-year-old woman delivers a baby girl at 26 weeks gestation. The baby weighs less than 2 pounds. The infant has lung and eye problems and must stay in the Intensive Care Nursery until she gains enough weight to go home. The mother had a positive toxicology screen at birth. Child Protective Services (CPS) is contacted, but because there has been no previous history of child abuse and neglect and because the mother has consistently visited the baby, CPS does not get involved. The hospital social workers talk to the mother about Every Child Counts and the mother agrees to accept a referral for services. The Medically Fragile Family Support Team initiates a visit to the mother while she is still in the hospital and they begin to develop a family support plan. Included in the plan is a focus on pre-treatment issues as well as strategies to support the mother's ability to meet the complex needs of a medically fragile baby. Coordination occurs with the pediatrician and other specialty providers. Referrals to Women, Infants, and Children (WIC) and parent support groups for medically fragile babies are made, and support from the team is continued once the baby is discharged.

- **Medically fragile and developmentally at-risk babies and their families will be eligible for a minimum of 12 home visits** from a nurse, social worker, or other member of medically fragile multidisciplinary team within the first year of life. The purpose of the visits is to provide developmental and medical guidance in coordination with primary care and specialty providers. Visits will also include family support services and referrals to community-based agencies.
 - **Families with more intensive needs will be eligible for more frequent home visiting services through the child's fifth year.** Intensive need may arise from the baby's medical or developmental fragility or extreme psychosocial stressors.
 - **An array of services will be available to families until age five.** These services will be specifically geared toward medically fragile and developmentally at-risk babies including: developmental play groups, parent-to-parent support, and support and education groups.
 - **Families will receive support in the transition of infants and families out of the Neonatal Intensive Care Unit into the home.**
 - **Services for infants with multi-agency involvement will be coordinated** through case conferencing during hospitalization and following discharge. Services to be coordinated include Early Start, California Children's Services, Home Health Nurse etc.
- g. **Provide specialized family support.** It is likely that specialized service providers will more effectively address the needs of some populations with expertise tailored to meet the unique needs of those populations. Examples of populations include parents with disabilities; children with visual, auditory, and other limitations; children with developmental delays; and children in out-of-home placements. Specialized agencies that serve these populations will be expanded both to train family support teams in the identification of special needs, and to support families with identified needs. Providers will coordinate with the family support teams and will participate in training, data collection, tracking and case conferencing.
- h. **Expand capacity for other community-based services.** The Family Support Teams will link families with services such as respite care, parenting support, play groups, specialized male parenting support, drug treatment services, food programs, adult literacy courses, and cultural support groups. Services must be “family friendly” and accessible. In some cases these services may be offered by already existing family support teams; in other cases, the family support teams will need to link with services being offered at various sites throughout the County.
- i. **Develop and implement strategies to prevent and reduce the use of tobacco products** among pregnant women and parents in Alameda County:

- **Provide tobacco education training** to child-care providers, specifically focusing on the consequences of secondhand smoke and asthma prevention.
- **Provide tobacco education and prevention training services** to child health care providers, home health care nurses, and providers, day care providers, early childhood intervention and education programs, leaders of faith-based organizations, and other child service agencies who provide direct services to children from birth through age five.
- **Provide tobacco education and prevention training services** to adult health care providers, mental health and substance abuse providers, and leaders of faith-based organizations who directly serve expectant mothers or adults with young children. Provide technical assistance so these providers can suggest cessation interventions and refer their clients to existing cessation interventions.
- **Provide dental referrals for children and work closely with dental health providers and the public health department to increase capacity.**
- **Provide training and resources to licensed day care providers in Alameda County** for the purpose of creating policies designed to reduce environmental tobacco smoke exposure to young children at the sites and at the children's homes and in family automobiles.
- **Educate expectant mothers and parents with young children** on the dangers of tobacco use and the consequences of exposure to secondhand smoke.
- **Provide cessation services as needed to expectant mothers and parents with young children.**
- **Advocate for comprehensive statewide regulations** designed to eliminate indoor and outdoor secondhand smoke exposure in licensed day care facilities.
- **Advocate for the inclusion of secondhand smoke education** into the requirements for early childhood education certification.

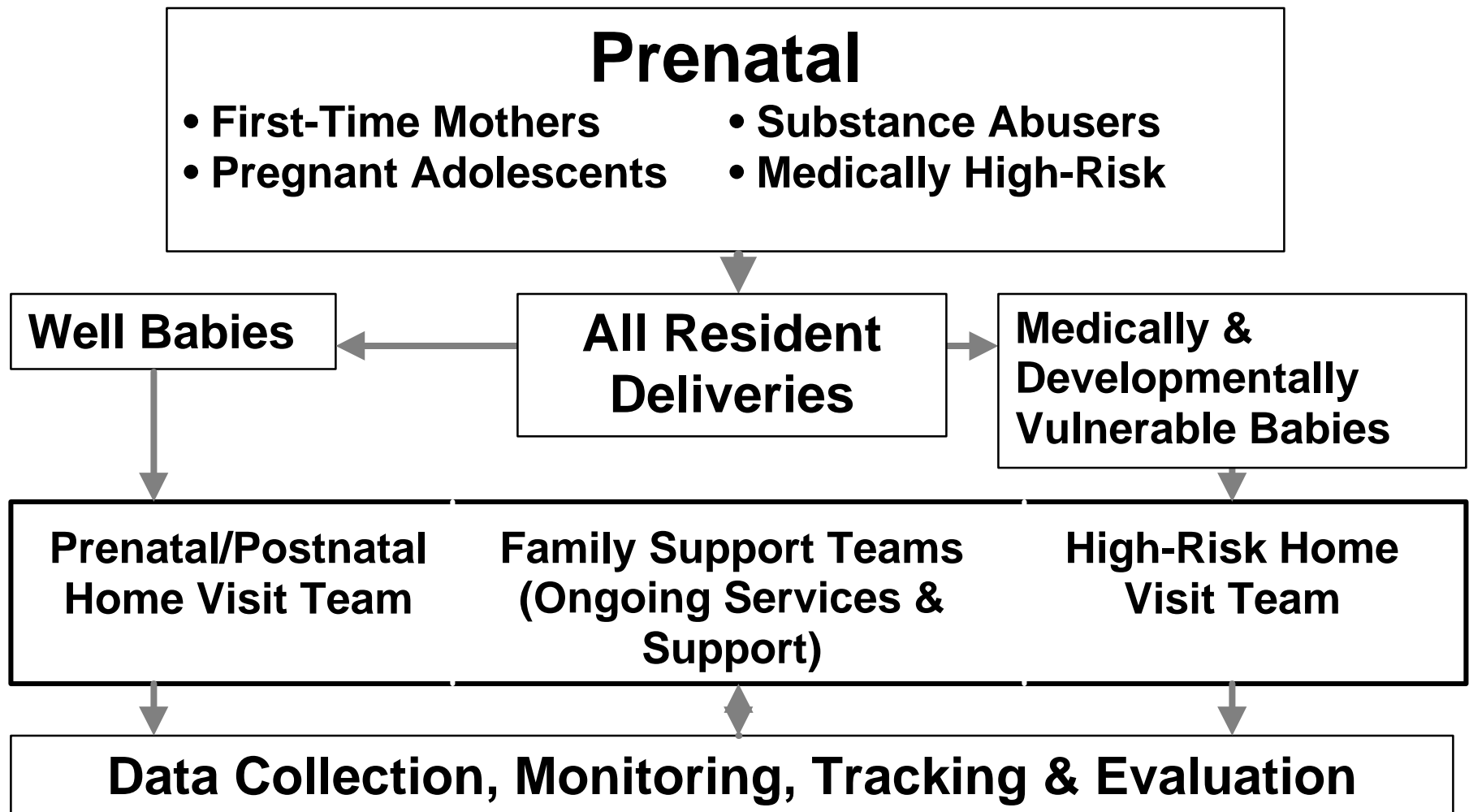
4. Phase In

Every Child Counts Family Support Services will be phased in over several years to test the applicability of the model and to make necessary adjustments before taking the services to scale. **Proposed Year 1 phase-in** will include the following components:

- A Hospital Orientation will explain well-baby services available through *Every Child Counts* (at two hospitals--one in North County and one in South County). One to three post-partum home visits will be made to all families with well babies who agree to participate and who are not enrolled in other services.
- A Hospital Orientation will explain services for medically fragile babies.
- Ongoing family support services will be available for medically fragile babies discharged from Neonatal Intensive Care units (NICU's).
- At least five Family Support Teams will be organized for families with ongoing needs. Families will be referred to the teams from multiple points of entry including post-partum home visits, prenatal identification and other families with children birth through age five identified in the community.
- Information and referral packets will be distributed to all new families. Packets will include information on infant care, child development, child care, and other support services.
- Community grants will be offered to build capacity and expand services for families with ongoing family support needs.
- Comprehensive training and technical assistance will be offered to all service providers connected with *Every Child Counts*.
- *ECC* will promote systems reforms that enhance prevention strategies for families with children from birth through age five.



FAMILY SUPPORT SERVICES



"I think quality day care is important. I don't see my son as going to day care to get baby-sat for the day. I look at it as an opportunity for him to be in school, to grow, to learn social skills, and to be educated."

Alameda County mother with son in child care

"Working as a teacher of young children, I feel the conflict between the important job and the low pay. I feel so sad when I compare my salary with my friends', when they have the same level of education that I do."

Alameda County early childhood education teacher

B. CHILD CARE AND EARLY EDUCATION

The plan for Child Care and Early Education (ECE) was developed by a subcommittee of the Alameda County Child Care Planning Council, composed of early childhood, health care, and social service professionals from across the County. The Plan rests on a solid foundation of research demonstrating the importance of quality ECE for children's long-term intellectual, emotional, and physical health.

Research suggests that child care from well-trained and qualified child-care workers produces better child outcomes than child care from poorly trained and unqualified child-care workers.

There are currently no funding sources available to address the issues of quality that are so critical to improving the lives of children who are spending increasing amounts of time in child-care settings.

The Committee proposes that funds available through *Every Child Counts* improve the quality and expand the capacity of ECE in Alameda County by leveraging existing, and mobilizing additional, resources to create comprehensive, high-quality programs that meet the diverse needs of our children and families. The ultimate aim is to improve the quality of child-care settings by decreasing attrition and improving skills among child-care workers.

1. PURPOSE

To improve children's physical, emotional, and educational outcomes and families' economic development and self-sufficiency by improving ECE quality and capacity.

2. PRIORITIES

- a. **To create a sustainable structure and funding mechanism** to promote a knowledgeable, stable, and adequately compensated workforce.
- b. **To strengthen cross-discipline work** between ECE and other service providers (including health, mental health, nutrition, parenting) to ensure coordinated, seamless services for children and families.
- c. **To promote comprehensive program improvement** through capacity-building, targeted quality-improvement grants and other economic development activities.
- d. **To expand opportunities for provider, staff, and parent training** in the area of Early Childhood Development.
- e. **To improve access to, and affordability of, quality ECE** for all families, including families with special needs.
- f. **To create training and service delivery that promotes sensitivity to language differences, variations in cultural values, and in parenting styles and philosophies.**
- g. **Explore extending part day programs to full day services especially when a full array of family support services are available.**

3. TASKS

- a. **Develop a more detailed action plan and timeline** for all child-care activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- b. **Organize a Child Development Corps for ECE staff and providers.** To address the detrimental affects of the child-care staffing crisis in Alameda County, a comprehensive program will be organized to improve the status of ECE work and to recruit and retain professionally trained child-care teachers and providers. Modeled on successful incentive programs in other states, the Child Development Corps will:
 - **Develop a system of annual financial awards that will be made available to child-care staff and providers.** Stipends will be based on ECE experience and professional development levels (staff who have completed minimum college credits will be able to apply for an entry level stipend; completion of additional credits will provide opportunities to apply for intermediate and advanced level stipends).
 - **Develop an application and review process.** An annual application system will be developed to promote the importance of the Corps and the prestige of its membership. Annual award events will be held.

- **Conduct a countywide campaign to promote the professional status of ECE workers.** Professional organizations, ECE educational institutions, and other organizations will be enlisted to assist in developing recognition of the professional status of ECE work, featuring the Child Development Corps as a symbol of that professional status.
 - **Conduct a public awareness campaign.** The same organizations involved in the countywide campaign will work to increase public awareness about increasing professionalism among ECE workers.
 - **Conduct an annual review of Child Development Corps applicants to analyze the barriers and challenges to training and professional advancement.** The results of the annual review will be used to develop new and revised courses, workshops, conferences, and support programs for ECE staff and providers.
- c. **Expand upon the California Early Childhood Mentor Program.** Mentors will be trained to provide technical assistance to child-care workers in a variety of settings and to provide expertise in specialized skills, such as infant/toddler development, cross-cultural education, small business development, working with children with special needs, and maximizing parent and community involvement.
- d. **Research and promote a health coverage program for ECE staff.** As part of an ECE staff recruitment and retention campaign, the Child Care Quality Improvement component will work to develop low-cost, appropriately designed medical plans for family child-care providers, child-care center staff, and their families. The Alameda Alliance of Health and other insurance carriers will be enlisted as partners in this effort.
- e. **Fully integrate ECE with other service systems.** Partnerships will be forged between ECE and *Every Child Counts* Family Support Teams, child development experts, health and social service agencies, mental health programs, and cross-disciplinary college level training providers. Partnerships between ECE and these service providers will aim to improve communication, reduce duplication of effort, and result in better service to children and families.
- f. **Develop a Program Quality Improvement Grants Program.** Licensed and license-exempt programs will be eligible to undergo a quality review assessment. Based on the results of the quality review, programs will be eligible to apply for funding to improve program areas.
- g. **Develop a Site Improvement Loans Program.** Loans will be used to finance construction costs for new child development facilities and structural needs of existing programs, thus building quality and capacity of ECE.
- h. **Coordinate and strengthen successful professional development organizations.** Better coordination and planning of professional development

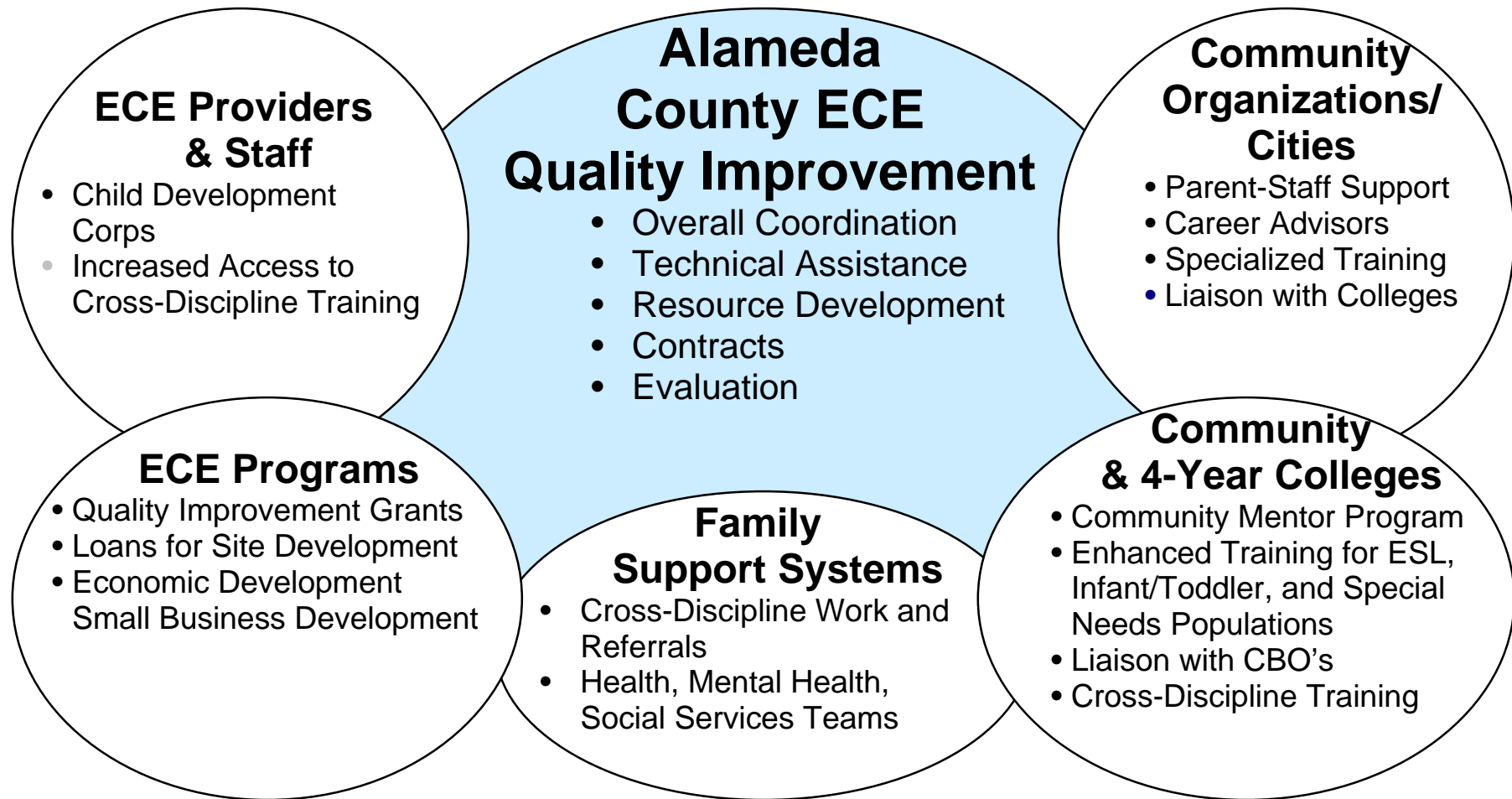
plays a central role in maximizing strengths and addressing deficits in our existing training structure. Improved training is especially important for staff working with children with special needs and children with consistent and temporary health needs. Meeting the needs of staff for who English is a second language is also important. A focused analysis and organizational development effort will:

- **Identify professional development resource gaps in the County.** A survey of post secondary education institutions and community organizations that provide training and education for Early Care and Education students and practitioners will be conducted. Interviews with key training personnel and students will also be used to elicit information on current course offerings and analyze training and support needs.
- **Research and analyze new and emerging ECE trends and cross-disciplinary training opportunities.** The purpose of this effort will be to identify the number of working families who care for children with common childhood illnesses, review progress towards inclusive ECE programming, identify regulations regarding inclusive services, and clarify the amount and kind of ECE training needs that follow from those developments. A matrix of those trends and potential cross-disciplinary resources (for example, pediatric health agencies and organizations that work with families who have disabilities) will be developed for assessment of current specialized resources and support needs.
- **Assess training needs of the emerging working force.** Anecdotal and observational data have identified a growing number of child-care staff entering the field with English as their second language. A more refined analysis needs to be conducted in order to address the training and educational needs of this valuable cadre of ECE staff.
- **Promote ECE training that recognizes the diverse linguistic and cultural backgrounds of ECE workers.**
- **Provide training that facilitates child-care worker expertise** in communicating and working with children and families from diverse linguistic, cultural, ethnic, and disability backgrounds.

- **Develop a Request for Proposal process based on identified needs and topic areas in ECE training.** A system of grants will be developed to allow organizations and colleges with successful track records of providing professional development services to apply for funding. Emphasis will be placed on programs that coordinate (when appropriate) with other agencies and promote a cross-disciplinary approach. Proposals that “partner” or leverage other funding will be encouraged. Community Colleges will also be able to apply for grants to translate ECE materials and courses, and for resource development coordinators.
- i. **Promote ECE consumer education media campaigns.** Linkages with other consumers of *Every Child Counts* will help parents understand the impact of quality care and education and will coordinate with early childhood education training on parent and family issues.
- j. **Strengthen linkages between ECE and local businesses and governments.** Outreach to local business and governments will expand awareness of ECE and the needs of parents. It will offer tools for including child care in all aspects of community and economic planning and development.
- k. **Conduct a facilities review of Head Start sites to determine feasibility of creating full day programs.**
- l. **Explore developing a pilot full day Head Start site at Alameda County an Alameda County grantee.**

EARLY CARE AND EDUCATION (ECE)

QUALITY IMPROVEMENT PLAN



C. PARENTING PROGRAMS

"It is better to build strong children than to repair adults."

Unknown

"What every parent learns very quickly is that having a child is a very big deal!"

Adoptive mother of child with special needs

The family represents a critical context for children's development. Accordingly, providing information and support to families is essential to ensuring that children flourish. The overarching goal of *Every Child Counts* parenting programs is to provide parents with the tools and resources to meet their children's needs. Parenting programs and family support services will be integrated with all other elements of the Strategic Plan.

These recommendations were made with the help of the Parent Education Advisory Committee, which included representatives of parenting organizations throughout Alameda County. See the Appendix for a complete list of participants.

1. PURPOSE

- a. **To establish and expand parenting services** that focus on prevention and support.
- b. **To increase Countywide awareness of the value and importance of parenting** through the use of media and education.

2. PRIORITIES

- a. **To recognize parents as the primary decision-makers** in their children's lives.
- b. **To recognize variation in normative parenting practices** across linguistic, cultural, ethnic, and disability groups.
- c. **To develop an ongoing network of parenting programs throughout the County.**
- b. **To expand and increase resources available for parenting services.**
- c. **To coordinate closely with the media committee and staff** on the use of media for Countywide parent education.
- d. **To integrate parenting programs** into the overall *ECC* system of care.

- e. **To work with the child-care community on the dissemination of parenting information and services.**

3. TASKS

- a. **Identify gaps in the current parenting service system in the County.** The gaps and strengths in parenting services will be identified through a multifaceted approach including interviews, meeting with community groups, and questionnaires. The goal is to develop a parenting network that will provide comprehensive services throughout the County, focusing on increasing the capacity of existing services.
- b. **Complete an inventory of existing parenting telephone hotlines** in the County to determine whether there is enough telephone help available to parents in times of crisis.
- c. **Hire a Parenting Coordinator.** The Parenting Coordinator will be responsible for engaging service providers, monitoring implementation, identifying service gaps, and developing programs. The Coordinator will work with agencies that want to expand their capacity to serve parents throughout the County. The Coordinator will also provide referrals to people needing parenting services and resources.
- d. **Expand availability of voluntary parenting classes and workshops.** Classes will be offered to groups of parents who will meet over the course of several weeks and workshops will be one-time events. To facilitate participation, transportation and child care will be made available whenever possible.
- e. **Sponsor parenting support groups.** This follow-up program to the parenting classes will allow parents to see their progress, share ideas, and support one another.
- f. **Provide services to support families, regardless of family structure.** Recognizing the diverse array of caregiving arrangements, services will be provided to whomever in the family structure serves as a child's parent. *ECC* defines a parent as a biological parent, foster or adoptive parent, or other member of the community who takes primary responsibility for the health and well-being of the child, and to whom the child has developed a primary attachment. Special effort will be made to include fathers in the service delivery process.
- g. **Develop strategies to meet the parenting needs of diverse populations.** There are families within our County who are raising children with health, developmental, and behavioral needs that make parenting especially challenging. Parenting supports to meet these needs will be critical.

- h. Additionally, **all parenting services will respect and honor the community's diversity of cultural, ethnic, linguistic, and disability groups**, and will recognize parent authority to make decisions on behalf of their children.
- i. **Develop a parenting media campaign** in conjunction with the Media and Marketing Committee. The goals of the media campaign will be to disseminate information about the support available for parents in the County, to decrease the stigma attached to asking for parenting help, and to communicate messages about positive parenting.
- j. **Develop drop-in centers** located in accessible parts of the community where parents can come by to obtain information and referrals.
- k. **Set up information racks** filled with literature on parenting, including phone numbers for assistance. Racks will be placed in community locations that are frequently visited by parents, such as libraries, laundromats, movie theaters, restaurants, and supermarkets.
- l. **Establish partnerships with business** to get financial (and other) support. Work with businesses to inform their employees of the parenting services available in the County and explore partnering with them to offer parenting classes in the workplace.
- m. **Develop monthly themes** that are coordinated with family support, child-care, and media campaign. Keep subject matter and curriculum clear, concise, and useful to parents.
- n. **Develop strategies for disseminating parenting materials** through already-existing home visiting and community-based agencies and programs.
- o. **Work with HMO's, Head Start, WIC (Women, Infants, and Children)**, community health clinics and other institutions for help in implementing programs. Contract through their existing services.
- p. **Expand the ability of parents in the County to receive parenting information and referrals through the Internet** by further developing the www.ackids.org Website and developing an Alameda County parents listserve.

"...I discovered the joys of becoming part of a small child's world."

Janet Gonzalez-Mena





VI. SUPPORT STRATEGIES

A. COMMUNITY OUTREACH

1. PURPOSE

- a. **To reach out to the community and generate enthusiasm for working together** to create a more child and family friendly county.
- b. **To create a structure for ongoing community awareness** of, and participation in, the work of the Children and Families Commission.
- c. **To ensure that knowledge of the ethnic, cultural, social, economic, and geographic diversity** of Alameda County is reflected and addressed in the ongoing work of the Alameda County Children and Families Commission.

2. PRIORITIES

- a. **To integrate community outreach** into all phases of the work.
- b. **To work closely with the Media and Marketing Committee** and staff to design mechanisms to inform the community and obtain their input and participation.
- c. **To work closely with ethnic and cultural communities within Alameda County** to ensure that the *ECC* programs are designed and delivered in a manner that is respectful of the County's ethnic diversity.
- d. **To assist in facilitating the Children and Families Commission** to reflect the diversity of Alameda County in decisions regarding hiring, contracting, and purchasing.

3. TASKS

- a. **Create a Diversity and Community Outreach Advisory Committee as a advisory group to the Program Committee.**
- b. **Develop a more detailed action plan and timeline** for all family community outreach activities including a prioritized list of implementation tasks and timeframe or completion of tasks.

- c. **Dedicate staff to coordinate ongoing community outreach.**
- d. **Create a comprehensive community outreach program** working cooperatively with the Media and Marketing Committee.
- e. **Meet regularly with a wide variety of community groups** to inform them of the work of the Children and Families Commission and invite their participation.
- f. **Fully utilize the www.ackids.org Website** as an active community outreach tool.
- g. **Produce a regular newsletter** in cooperation with the Media and Marketing Committee.
- h. **Translate written materials into languages** other than English whenever possible.
- i. **Incorporate knowledge of issues of diversity and cultural differences** into staff training by working with program and training personnel.
- j. **Design a program for equal opportunity** in hiring, contracting, and purchasing by working with legal counsel and County Departments of Personnel and Purchasing.



B. MEDIA AND MARKETING

Creating a child- and family-friendly county will require an overall media and communications strategy. The main aims of such a strategy are to educate parents, to provide information about existing services, and to promote the use of *Every Child Counts* services. A comprehensive media and marketing strategy can achieve these aims by creating common awareness and understanding of children's needs and available services.

1. PURPOSE

- a. **To develop a comprehensive media and communications** strategy that educates the community on child development and parenting practices.
- b. **To increase receptivity for programs**, including parenting classes, family support and home visiting services, and child-care quality improvement.
- c. **To increase public awareness of child development**, including conditions that promote optimal cognitive, physical, emotional, and social development.

- d. **To inform the citizens of Alameda County about ECC services** available to children and families.
- e. **To help parents make more informed choices** in selecting services for their children.

2. PRIORITIES

- a. **To coordinate media strategy with the California Children and Families State Commission.**
- b. **To coordinate regional media strategy** with all San Francisco Bay Area Children and Families County Commissions.
- c. **To coordinate media strategy with Child Care Resource and Referral Agencies in the County.**
- d. **To use the services of media, marketing, and public relations professionals** on a *pro bono* basis whenever possible.
- e. **To reach out to every segment of the community** with messages that are easily understood with a minimal amount of local Children and Families Commission expenditure.
- f. **To work with program staff to coordinate media and community outreach** with program implementation.

3. TASKS

- a. **Expand the membership** of the Children and Families Commission Media and Marketing Committee by including media, marketing, and public relations professionals.
- b. **Develop a more detailed action plan and timeline** for all media and marketing activities, including a comprehensive media list and a prioritized list of implementation tasks.
- c. **Assign or hire staff** to implement the media action plan.
- d. **Develop a plan for outreach** to community, governmental, business and faith-based groups.
- e. **Visit the editorial boards of all Bay Area newspapers** in conjunction with other Bay Area County Commissions.
- f. **Work specifically with the local ethnic media** to communicate salient messages and themes.

- g. **Translate press releases, notices of public hearings, and other media** messages into the major languages spoken locally.
- h. **Develop a group of writers and experts** in child development, parenting, public health, pediatrics, early childhood education, child care, substance abuse, and related topics that can contribute formatted articles to newsletters, internet sites, and newspapers.
- i. **Approach management of local media** requesting regular outlets for Children and Families educational and information messages such as a regular parenting column, a regular television news feature on child development efforts, or a free calendar of child development and parenting events.
- j. **Explore partnering** with parent educators and corporations to develop a regular parenting radio and/or cable television show.
- k. **Further expand the www.ackids.org Website** to include more parenting, health, child development, and other practical information for parents and providers of care.
- l. **Work with the State Commission and other County Commissions** on linked websites, linked toll-free telephone numbers, and sharing of information and best practices.
- m. **Explore the development of a Children and Families Newsletter** with the State Commission that could be adapted for use by each County Commission.
- n. **Develop multimedia presentations and a display** for public meetings, gatherings, and community events.





VII. INFRASTRUCTURE SUPPORT STRATEGIES

A. INVESTMENT PLAN

The funds entrusted to the Alameda County Children and Families Commission are intended to produce measurable outcomes that better the lives of young children and their families. We anticipate that the money received from the tobacco tax will lessen as fewer people smoke. In contrast, the cost of program delivery will increase. The Children and Families First Act gives the Commission the opportunity to use funds as they are needed and to invest money in a way that ensures the long-term availability of funds to support service delivery. To that end, this plan outlines investment criteria and a process for developing a comprehensive and successful investment strategy that offsets the future erosion of available revenue due to decreased tobacco consumption and increased cost of program delivery.

1. PURPOSE

- a. **To develop an investment strategy** for Children and Families funds that expands resources available in years to come.
- b. **To direct available funds away from investments in entities that may be harmful** to children and families.

2. PRIORITIES

- a. **To ensure safety of money.** The highest priority must be to preserve the funds so that they will be available to help children and families. That will require a conservative investment strategy that minimizes risk. Also, investing the funds safely is essential to being able to achieve a return on that investment.
- b. **To maximize return on investment.** Keeping safety as the top priority, it is imperative to invest the funds where they can achieve the maximum return. Judicious investment can generate money to cover administrative costs, freeing up more money for direct program services for children and families.
- c. **To ensure liquidity as needed.** Funds that are necessary for direct program and administrative expenses will be available as they are needed. To this end, operating funds will be maintained in short-term investments.

- d. **To monitor the public benefit of investments.** It is proposed that all Children and Families Commission funds be invested only in those financial instruments that do not contribute to activities that have the potential to harm children and families. For example, no investments should be made in tobacco, alcohol, and weapons related industries and in entities that have a poor record on environmental protection, racial discrimination, or child labor. Additionally, a preference will be given to investments in entities that benefit children and families.

3. TASKS

- a. **Form an Investment Advisory Committee** that includes volunteers who have expertise in public and private investing.
- b. **Develop a more detailed action plan and timeline** for all investment activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- c. **Work with the County Treasurer and County Auditor** to develop parameters for investment within the county structure.
- d. **Gather information on a variety of potential investment instruments** such as an endowment, bond funds, mutual funds, certificates of deposit, money market funds, and government bonds.
- e. **Prepare a draft investment policy.** The Financial manager will develop this draft by working with the Investment Advisory Committee. The Alameda County Children and Families Commission will review the draft investment policy.
- f. **Obtain input and approval of the plan from the Commission.**
- g. **Implement investment plan.** The Financial manager will be responsible for overseeing and monitoring implementation.
- h. **Report on investment performance on a quarterly basis.** The Chief Financial manager will be responsible for executing this function.



B. REVENUE MAXIMIZATION

The Interagency Fiscal Workgroup has begun to develop a comprehensive revenue maximization strategy to fund services to children and families in Alameda County over the long-term. The Fiscal Workgroup includes Fiscal Officers and managers from the Social Services Agency, Health Care Services Agency, Behavioral Health Care Services, the Interagency Children's Policy Council, and the Alameda County Children and Families Commission. What follows is a summary of the Revenue Maximization plan.

1. PURPOSE

- a. **To develop a cross-agency revenue maximization strategy** that can sustain *Every Child Counts* programs over the long-term.
- b. **To identify supplementary fiscal and staffing resources** through available county, state, federal, foundation, corporate, and other funding sources.
- c. **To promote a funding strategy that considers the need for a continuum of care for children** of all ages and their families.

2. PRIORITIES

- a. **To prioritize programs and fund accordingly.** Fiscal strategies should reflect a strong partnership with program planning and be in line with the goals and objectives of the Strategic Plan.
- b. **To employ multiple financing approaches.** In many cases, no single source of revenue or staff can support the entire program design. Fiscal strategies include diverse funding and staffing resources.
- c. **To use Proposition 10 revenues to leverage** other state and federal funds, whenever possible. Using county funds as a match to draw down other state and federal dollars will stretch limited funds.
- d. **To commit to saving the most flexible and unrestricted funds** to pay for services any other funding stream does not cover.
- e. **To reinvest savings** from leveraged dollars to secure more services for families.
- f. **To conduct fiscal planning with strong interagency commitment and shared risk.** Each public agency partner has invested significant staffing resources and expertise in this plan. To ensure the success of the fiscal strategy, each partner must continue to commit both fiscal and staffing resources towards implementation of the Strategic Plan.

3. TASKS

- a. **Establish an ongoing forum for interagency fiscal planning** for the purpose of revenue maximization for child and family services in the County.
- b. **Develop a more detailed action plan and timeline** for all revenue maximization activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- c. **Conduct an inventory of current funding streams** available for various program components.
- d. **Compile working funding matrices** that outline different funding sources, target populations, eligibility criteria, relevant statutes and codes, and proposed changes. Because funding sources for the child-care components and the family support components were so different from each other, two different matrices were created. (See Appendix for more details on each matrix.)
- e. **Revise and update funding matrices** as new information and other funding sources are identified.
- f. **Work closely with *Every Child Counts* program planners to develop budget estimates** and predict utilization rates for phase-in and implementation of the program.
- g. **Consult with other agencies around blending funding** and maximizing creative funding options.
- h. **Explore blended funding waiver options for *Every Child Counts* program** in collaboration with AB1741 state consultants. Share working fiscal matrices with state analysts for ongoing feedback and input on available state and federal funding streams.
- i. **Consult with other counties regarding blended funding**, integrated services, and single claiming methodologies for possible application to Alameda County planning efforts.
- j. **Develop Request for Qualifications for a Fiscal Consultant to work with Interagency Fiscal Workgroup** and Children and Families Chief Financial Officer.
- k. **Develop and foster collaboration with managed care and private insurance plans** to fund some components of the Strategic Plan.
- l. **Develop and operationalize stronger linkages with the Regional Centers.**

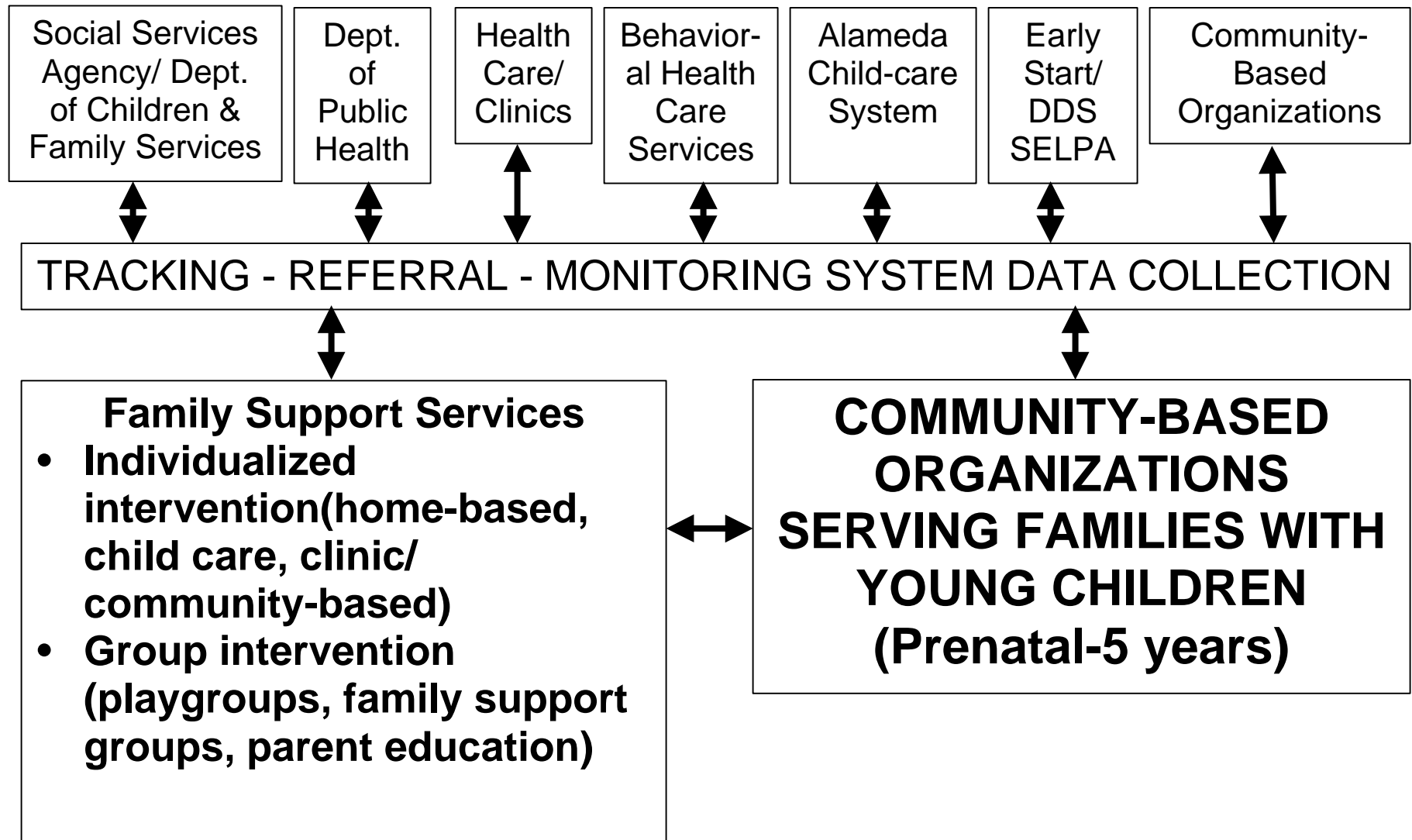
- m. **Explore creative funding opportunities through Healthy Families** to tap into outreach and service dollars to fund various program components.
- n. **Partner with cities and other jurisdictions to maximize funds for services to children and families.** Explore using city funds as match to draw down state and federal dollars for shared program purposes.
- o. **Begin dialogue with private foundations and businesses** to support innovations and programs outlined in the Strategic Plan.
- p. **Explore funding opportunities through state and federal grants** and hire a grant writer to actively pursue other sources of funding.
- q. **Explore expanding membership of Interagency Fiscal Workgroup** to include community-based organizations to develop capacity for funding strategies that promote sustainability.
- r. **Work closely with Agency Directors, Board of Supervisors, and County Administrator's Office to obtain ongoing support** for the revenue maximization strategies developed.
- s. **Explore pursuing legislative and policy changes at the local, state, and federal level** to increase flexibility and increase funds for services to children and families.

C. Systems Reform and Systems Integration

The California Children and Families Act recognizes that integrating services—including child care and early childhood education, health and wellness, parent education, and family support services—is critical to achieving lasting success. *Every Child Counts* seeks to integrate and coordinate existing early identification and prevention programs and to supplement service gaps as needed while avoiding duplication of services. Alameda County is a state-designated AB 1741 youth pilot project county, which gives us opportunities to seek state waivers and use blended funding to improve outcomes for children and families. To reform and integrate the service delivery system for children from birth to age five and their families, we will advocate to expand existing federal, state, and county programs. Part of that advocacy will include efforts to integrate *Every Child Counts* services with existing federal, state, and county programs.

There will be many points of entry into the *Every Child Counts* prevention system. Defining how the *Every Child Counts* prevention system will work as a part of the continuum of services available to families in Alameda County is a crucial component of the Strategic Plan. It will require ongoing communication across service delivery systems and flexibility within systems to pilot different models of service delivery. In addition, effective systems integration will require ongoing training, consultation, supervision and technical support.

SYSTEMS REFORM



Several institutional entities identified will need to coordinate and integrate their efforts as part of the *Every Child Counts* Plan, including:

- Interagency Children's Policy Council
- Social Service Agency
- Alameda County Child Care System
- Public Health Department
- Behavioral Health Care Services (mental health, alcohol and drugs)
- Health Care (clinics, hospitals, physicians, and health insurance plan)
- Early Start/Special Education Local Planning Areas
- Community-based organizations serving children from birth through age five

The phase-in period of *Every Child Counts* provides an opportunity to work on specific projects within each system to help define how prevention services for children from birth through five will be operationalized throughout Alameda County. The primary outcome is better coordination, communication, and partnerships across systems.

1. PURPOSE

To develop a comprehensive, integrated system of prevention services for families with children from birth through age five that integrates and builds upon existing systems of care in Alameda County.

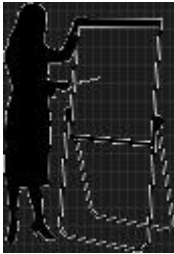
2. PRIORITIES

- a. **To develop ongoing coordination, communication, and partnerships across systems.**
- b. **To identify and develop joint problem solving strategies for sustainable funding.**
- c. **To develop systems that ensure confidentiality** of participant information.
- d. **To overcome gaps in linguistic and cultural understanding.**
- e. **To develop strategies** that match the geographic distribution of services to the geographic distribution of need.

3. TASKS

- a. **Identify service-delivery partners.**
- b. **Develop a more detailed action plan and timeline** for all systems integration activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- c. **Form workgroups** dedicated to coordinating, communicating, and developing partnerships.

- d. **Define workgroup procedures to increase service integration and coordination.**
- e. **Identify barriers** to integration and coordination of services.
- f. **Develop strategies** to overcome barriers.
- g. **Develop Memoranda of Understanding** formalizing these integration strategies.
- h. **Identify staff position or purchase staff time** within key agencies to promote, monitor, and improve coordination and integration of services.
- i. **Develop benchmarks** to measure systems-integration outcomes.



D. Training and Consultation Component

Successful implementation of *Every Child Counts* depends on an extensive training and consultation framework. The purpose of the training and consultation network is to develop among *ECC* service-providers a common language, coordinated goals and objective, and a shared vision of what *ECC* does. Recipients of training and consultation services include all community-based organizations participating in the *Every Child Counts* model, including social workers, family advocates, nurses, developmental specialists, child-care providers, early childhood mental health specialists, case managers, drug and alcohol counselors, and hospital personnel.

In the early stage of implementation, *Every Child Counts* will conduct informational training on the proposed model. An RFP process will then be used to identify an organization or organizations capable of implementing more targeted training. Consultants will be used to supplement ongoing or specialized training needs.

1. PURPOSE

- a. **To provide culturally appropriate training** as needed to *Every Child Counts* providers.
- b. **To ensure that training enhances** the quality of services provided.
- c. **To facilitate a common vision and language** among service providers.

- d. **To promote awareness of and sensitivity to Alameda County's linguistic, cultural, ethnic, and disability diversity.**

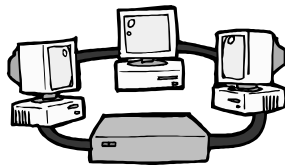
2. PRIORITIES

- a. **To educate all community-based institutional and medical providers** working with families with infants and young children about how families can secure access to prevention services through *Every Child Counts*.
- b. **To develop a common language and framework** among *Every Child Counts* staff for discussing prevention services across social systems for infants, young children and their families.
- c. **To provide standards and quality assurance** for *Every Child Counts* family support services.
- d. **To identify entities that will assist** *Every Child Counts* in the development and implementation of a training agenda.
- e. **To promote training partnerships** between community-based entities and community colleges.
- f. **To ensure that the diversity of the Alameda County provider network is represented** both in personnel selection and content of training.
- g. **To provide training to service-providers that promotes awareness of Alameda County's diversity, offers strategies for working effectively with a diverse clientele, and promotes parent authority.**

3. TASKS

- a. **Provide ongoing informational sessions** with all agencies, programs and institutions participating in the implementation of *Every Child Counts*.
- b. **Develop a more detailed action plan and timeline** for all training activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- c. **Develop a training survey** to be distributed to all programs and agencies working with *Every Child Counts* that gives input on training and consultation needs.
- d. **Create three levels of training**, defined as follows:
 - **Level I** will target the entire community of service providers interested in understanding how *Every Child Counts* works as a prevention system for children from birth through age five and their families.

- **Level II** will focus on all direct service providers involved in building the *Every Child Counts* system.
 - **Level III** will focus on specialized training that targets practitioners who will be using specific standardized instruments and tools.
- e. **Develop a week-long training** for participants providing initial and ongoing family support services.
 - f. **Provide bi-monthly ongoing consultation** support to direct service providers interfacing with *Every Child Counts*.
 - g. **Develop ongoing cross-disciplinary training** between all segments of the service provider community, including mental health staff interested in infants and young children, child-care providers and family support teams, social work staff, hospital personnel working with medically fragile infants, and Early Start staff.
 - h. **Provide secondary training, cross training, outreach and education staff training** for discipline-specific fields at the community and state college level. For example, schools of nursing might train students about early childhood mental health and child care, or schools of psychology might train students on infant development, assessment, and non-traditional prevention modalities.
 - i. **Include working with cultural diversity as a theme in all training**, and provide specific training that focuses exclusively on providing effective services across the gap of linguistic, cultural, ethnic, and disability differences between service providers and *ECC* clients.



E. *EVERY CHILD COUNTS* INFORMATION SYSTEM (ECCIS)

Services in the *Every Child Counts* system will be delivered by a variety of service-delivery agencies, posing challenges to case management and client tracking. To address those challenges, it is critical to develop an integrated information system that protects the confidentiality of all families participating in the program. The information system should enable unique identification, tracking, case management, and monitoring of families who are participating in the community-based prevention, early intervention, and family-support service system comprising *Every Child Counts*.

1. PURPOSE

- a. **To develop an information system to identify and track** children and families being served by *Every Child Counts*.
- b. **To facilitate coordination of service delivery** through the efficient management of client information while protecting client confidentiality.
- c. **To provide information relevant to the Accountability Framework** and the overall evaluation plan.

2. PRIORITIES

- a. **To establish a cross-agency unduplicated list of *Every Child Counts* clients.**
- b. **To standardize tracking and case management activities** for *Every Child Counts* clients.
- c. **To provide information compatible with the need to report results and outcomes** of the *Every Child Counts* project.
- d. **To direct media updates and family support education materials** to *Every Child Counts* families.
- e. **To inform participating families** fully about the rules protecting the privacy of the information they provide and explain how the Information System operates.

3. TASKS

- a. **Identify *Every Child Counts* information system needs.** Complete site visits and interviews at *Every Child Counts* participating agencies and re-convene tracking system workgroup to review summary of information system assessment.
- b. **Develop a more detailed action plan and timeline** for all family support service activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
- c. **Identify barriers to implementing the information system, especially consent/confidentiality and security.** Evaluate disparate county information system infrastructure. Estimate hardware, connectivity and on-going support and maintenance costs.
- d. **Identify specific barriers to family disclosure of relevant information** and develop strategies for overcoming those barriers.

- e. **Develop training protocols for *ECC* program staff** on all laws governing privacy, confidentiality, information sharing, and child abuse reporting regulations.
- f. **Establish procedures ensuring that families clearly understand** the privacy and confidentiality protections that apply to them and the rules of mandated reporting.
- g. **Adopt a set of outcomes and indicators for tracking, case management, monitoring, reporting, and evaluating *Every Child Counts*** to guide information system development. Draft, refine, review, and incorporate into Management Information System (MIS) indicators consistent with *Every Child Counts* evaluation indicators. Re-convene indicator workgroup to review indicator definitions and ensure consistency between evaluation plan and MIS.
- h. **Identify and define required data elements** in tiers reflecting the level of *Every Child Counts* interventions.
- i. **Complete an in-depth analysis and preliminary design of a flexible unduplicated master index of *Every Child Counts* clients** with modules for initial patient registration, case management and tracking and reporting/monitoring (see attached draft schematic). Develop RFP for development of *Every Child Counts* information system and research software development firms with experience in integrated software design for the public sector.
- j. **Complete an in-depth analysis and preliminary design of a home visit data entry tool** to simplify and standardize data collection and to facilitate tracking and evaluation. Convene user group including Public Health Nursing, Special Start, Adolescent Family Life Program, and others to define tool specifications. Incorporate into analysis and design of *Every Child Counts* information system. Develop RFP for the development of a home visit data collection tool.
- k. **Develop a system for generating reports** that is consistent with the *Every Child Counts* index and data entry tool and that allows tracking and production of *ad hoc* reports at any point.
- l. **Integrate the state Common Application Transaction System (CATS) methodologies** for data linkage and real-time eligibility determination for state-funded health services.
- m. **Develop a budget to design, implement and maintain the *Every Child Counts* information system.**

- n. **Begin process of obtaining permission to extract relevant birth records** (AVSS data) to populate *Every Child Counts* index.
- o. **Investigate feasibility of obtaining data downloads** from participating hospitals, the Alameda Alliance for Health, child-care resource and referral agencies, and the Adolescent Family Life Program.
- p. **Coordinate with existing family support systems** that will be providing *Every Child Counts* services.
- q. **Participate in on-going integration efforts** among *ECC* agencies.
- r. **Provide ongoing training and technical assistance** to agencies that will be using the MIS.

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VIII. PROPOSED STAFFING

Many people will be involved in implementing the full program and support strategies. The Commission intends to accomplish its work primarily through existing organizations and programs that will be given the resources to expand their programs and hire the staff they need to carry out the contracted work of implementation. However, whether functions are done by *ECC* staff or through contracting organizations, comprehensive training and strict accountability for all personnel will be a central feature of program implementation. Our staffing strategy is designed to maximize the resources spent on direct services that help children and families and minimize the money spent on administration and overhead.

ROLE OF CORE COMMISSION STAFF

The goal of maximizing resources and the staffing structure that follows from that goal requires that the core staff of the Alameda County Children and Families Commission have exceptional abilities to coordinate, collaborate, and leverage time and money. Their role will be to weave together the efforts of hundreds of people throughout the County who will be working to implement the vision and accomplish programmatic goals.

- **COMMISSION STAFF POSITIONS**

The following positions are proposed as vital to the administration, program development and implementation of the Strategic Plan. As the work of the Commission develops and expands, several of these areas may require additional personnel. There may be some tasks that can be more efficiently and cost-effectively accomplished through consultant contracts or by contracting with community based organizations or County departments. The use of volunteers and interns from local colleges, universities, and CalWORKS can also supplement the paid staff.

1. Executive Director
2. Deputy Director
3. Family Services Program Director
4. Child Care Program Director
5. Financial Manager/Claims Administrator
6. Evaluation/ Tracking Coordinator
7. Communications and Outreach Coordinator
8. Contracts and Grants Administrator
9. Office Manager
10. Clerical support

A description of the proposed job responsibilities for each position is included in the Appendices. More detailed job descriptions will be available on our www.ackids.org Website as they become available.

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IX. RESOURCE ALLOCATION

Recommended resource allocation for the *Every Child Counts* Strategic Plan is based on the understanding that it will take several years to get up to full-scale operation. Limited infrastructure and personnel shortages mean that the sweeping changes proposed here will require careful planning. Thus, the recommended budget includes figures both for the first year and for full implementation.

The budget also projects figures for funds that can be leveraged from other sources to augment available tobacco tax money. Those sources include other county, state, and federal governmental revenue as well as private foundation, corporate, and community funding. It is important to note that the budget estimates include initial estimates of program costs and estimates of the percentage of costs that may be leveraged to other sources. True program costs will likely change based on actual leveraging percentages and start-up costs.

A. PURPOSE

1. **To set the parameters and priorities** for Strategic Plan funding and overall implementation.
2. **To begin to identify resource allocation guidelines** which adequately predict the costs of fully funding the program components in the Strategic Plan.
3. **To estimate total annualized program costs and first year implementation costs.**

B. PRIORITIES

1. **To maintain funding for Administration at a minimum.** The framers of this Plan recognize that some funds must be spent on an administrative infrastructure to monitor program implementation and planning for sustainability of *Every Child Counts*. However, we are committed to spending every dollar possible on direct services for children and families. The proposed allocation of funds represents a strong commitment to using existing resources and support from other agencies as part of this infrastructure support.
2. **To distribute funding evenly across program components and priorities.** The recommended resource allocation reflects a desire to balance funding in the areas of child care, health care, and social services. In addition, funds are distributed with a commitment to service integration and a seamless service delivery system across various health and social services agencies. The resource allocation plan reflects a desire to promote program integrity through the equitable distribution of funds consistent with program priorities.
3. **To allocate funds for community partnership grants and earmarked for matching grants to cities.** Approximately one-fourth of the total budget has been reserved for community grants for family support and parenting programs. These grants will be available to fund programs and services for the targeted specialty populations that are identified in this Strategic Plan. Among the targeted populations for whom we hope to fund services through community grants are parents with disabilities, children with disabilities, ethnic and cultural communities, fathers, extended day child care, children in adoptive families, and children in foster and group homes. In addition, we hope to fund programs through the Alameda County Office of Education and school districts.
4. **To ensure that these funds build capacity and infuse investments in community programs.** The Plan also reflects our desire to encourage creativity within the communities, schools, and cities in the County by making funds available through a request for proposal process for projects that further the goals and outcomes of *Every Child Counts*. Strict adherence to accountability, performance standards, participation in cross-disciplinary training, and service integration will be required of all funded programs.

5. **We are committed to geographic and ethnic balance in funding allocation decisions.**

C. TASKS

1. **Coordinate funding allocations** with detailed work plans and timelines in each program area.
2. **Select consultant to help develop detailed RFP** process to secure necessary contract services.
3. **Detail specific funding criteria and develop contracts** based upon those criteria.
4. **Widely distribute RFP's** to community-based organizations, cities, school districts, and other potential service delivery entities.
5. **Set up screening committee/s** to review proposals and make funding recommendations to the commission.
6. **Allocate funds to selected organizations** and initiate comprehensive training, monitoring, and contract compliance procedures.

EVERY CHILD COUNTS RESOURCE ALLOCATION RECOMMENDATIONS

**Note: All budget estimates should be considered general ranges subject to change based on actual leveraged funds and costs associated with start-up and implementation.*

Program Component	FULL-SCALE PROGRAM COST ESTIMATES				YEAR ONE COST ESTIMATES				
	Program Costs	% of Total	Leveraged \$	Net Needed for Full Program	Program Costs	% of Total	Leveraged \$	Net Prop 10 \$	% Total
<u>I. Family Support</u>									
A. Hospital Outreach and Education	\$1,000,000	2%	\$500,000	\$500,000	\$300,000	1%	\$150,000	\$150,000	1%
B. Initial 1-3 Home Visits	\$5,250,000	10%	\$1,575,000	\$3,675,000	\$1,500,000	6%	\$450,000	\$1,050,000	5%
C. Tobacco Cessation	\$100,000	1%		\$100,000	\$100,000	1%		\$100,000	1%
D. Intensive Family Support									
1. First Time Teen Mothers	\$6,500,000	12%	\$4,569,000	\$1,931,000	\$3,250,000	12%	\$2,700,000	\$550,000	3%
2. Child Abuse Prevention/Alternative Response	\$10,000,000	19%	\$3,000,000	\$7,000,000	\$2,000,000	7%	\$600,000	\$1,400,000	7%
3. Medically Fragile Infants	\$4,500,000	8%	\$1,350,000	\$3,150,000	\$2,250,000	8%	\$675,000	\$1,575,000	8%
<u>II. Child Care Improvement</u>									
A. Child Development Corps									
(1) Entry	\$2,205,000	4%		\$2,205,000	\$1,500,000	6%		\$1,500,000	7%
(2) Intermediate	\$1,765,000	3%		\$1,765,000	\$1,200,000	5%		\$1,200,000	6%
(3) Advanced	\$1,615,500	3%		\$1,615,500	\$1,100,000	4%		\$1,100,000	5%
B. Quality Improvements ECERS	\$650,000	1%		\$650,000	\$650,000	3%		\$650,000	3%
C. Site Improvement Loans/Grants	\$800,000	2%		\$800,000	\$799,700	3%		\$799,700	4%
D. Community-based Mentors	\$591,600	1%		\$591,600	\$295,800	1%		\$295,800	1%
E. Training Enhancements	\$362,500	1%		\$362,500	365,720	1%		\$362,500	1%
F. Career Advisors	\$375,000	1%		\$375,000	\$187,500	1%		\$187,500	2%
G. Cross-System Training & Professional Development	\$500,000	1%		\$500,000	\$250,000	1%		\$250,000	1%

EVERY CHILD COUNTS RESOURCE ALLOCATION RECOMMENDATIONS (continued)

**Note: All budget estimates should be considered general ranges subject to change based on actual leveraged funds and costs associated with start-up and implementation.*

Program Component	FULL-SCALE PROGRAM COST ESTIMATES				YEAR ONE COST ESTIMATES				
	Program Costs	% of Total	Leveraged \$	Net Needed for Full Program	Program Costs	% of Total	Leveraged \$	Net Prop 10 \$	% Total
H. Support	\$500,000	1%		\$500,000	\$250,000	1%		\$250,000	1%
III. Community Grants									
A. Community-Based Programs	\$4,000,000	7%	\$0	\$4,000,000	\$2,000,000	8%	\$0	\$2,000,000	10%
B. Parenting Support	\$2,000,000	4%	\$0	\$2,000,000	\$1,000,000	4%	\$0	\$1,000,000	5%
C. City Matching Grants	\$4,000,000	7%	\$0	\$4,000,000	\$2,000,000	7%	\$0	\$2,000,000	10%
IV. Infrastructure Support									
A. Administration	\$1,000,000	2%	\$250,000	\$750,000	\$1,000,000	4%	\$250,000	\$750,000	4%
B. Training	\$500,000	1%	\$125,000	\$375,000	\$500,000	2%	\$125,000	\$375,000	2%
C. Tracking/ Info System	\$1,000,000	2%	\$0	\$1,000,000	\$500,000	2%	\$0	\$500,000	3%
D. Evaluation	\$1,000,000	2%	\$0	\$1,000,000	\$500,000	2%	\$0	\$500,000	3%
E. Media/ Marketing	\$500,000	1%	\$250,000	\$250,000	\$200,000	1%	\$100,000	\$100,000	1%
F. Investment	\$601,795	6%	\$0	\$601,795	\$1,454,500	12%	\$0	\$1,354,500	7%
TOTALS	\$51,444,615	100%	\$11,619,000	\$39,825,615	\$25,050,000	100%	\$5,050,000	\$20,000,000	100%



X. EVALUATION

“Our future generations—when they look back on this—what will they say that we have done for them, and will it be honorable?”

Jackie Warledo

Evaluation is an integral component of the *Every Child Counts* Plan. Carefully identified and gathered information on program implementation and program impact will help *Every Child Counts* program planners demonstrate the efficacy and cost-effectiveness of the *Every Child Counts* system of service-delivery. In addition, evaluation provides critical information to help continually improve the ability of *Every Child Counts* to improve the health and well-being of children and families in Alameda County. To facilitate objectivity in evaluation, it is our intent to engage an outside evaluator. Thus, rather than prescribe the specific evaluation design here, we offer a framework for selecting an appropriate evaluation design and for working effectively with an outside evaluator. In addition this evaluation plan is designed to take advantage of considerable local expertise in research design and methods, much of it centered around local colleges and universities.

A. PURPOSE

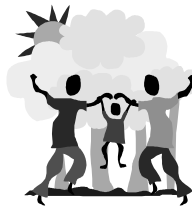
- 1. To obtain objective information about key aspects of program implementation and impact.**
- 2. To maximize correspondence between the evaluation design and the goals, outcomes, and performance measures outlined in the Accountability Framework.**
- 3. To provide timely data collection and presentation.**
- 4. To reflect state of the art research methods in the design and execution of the evaluation plan.**
- 5. To partner with university based researchers in the design and execution of the evaluation plan and other research that is in the interests of the Every Child Counts plan.**

B. PRIORITIES

A useful evaluation will:

1. **Engage an outside evaluator** able to design and execute a cost-effective evaluation that meets the information needs of *Every Child Counts* decision-makers.
2. **Correspond to the goals, outcomes, performance measures, and indicators** outlined in the Accountability Framework.
3. **Provide evidence of the impact of participation** in *Every Child Counts* programs on key child and family outcomes.
 - Employ evaluation designs that permit strong causal inference regarding program impact. Randomized designs are preferred; careful quasi-experimental designs may be acceptable.
 - Provide evidence about the overall efficacy and performance of *Every Child Counts*.
 - Provide evidence about the efficacy and performance of each *Every Child Counts* strategic element separately.
 - Offer information about the magnitude of *Every Child Counts* program impact on key child and family outcomes in terms that are interpreted by the educated lay public.
 - Use outcome measures that are reliable, valid, and (where feasible) well-normed.
 - Provide evidence about what aspect of program implementation is leading to desired outcomes among program participants.
4. **Measure program performance.** Specifically, the evaluation will provide data on the quality and quantity of services provided.
5. **Measure program costs and benefits.**
6. **Not substantially burden staff** or substantially alter program implementation. However, the program will accommodate crucial evaluation design features, such as random assignment of participants to treatment conditions.

7. **Coordinate evaluation procedures and indicators** with the State Commission and other Counties.
8. **Provide annual evaluation reports** to the Alameda Commission on Children and Families Commission.
9. **Provide information as needed** to program personnel and key decision-makers.
10. **Report to the Executive Director** on evaluation activities monthly, or as directed.
11. **Function as an integral part of the program.**



C. TASKS

1. **Hire evaluation coordinator** to oversee evaluation activities, coordinate evaluation and program components, manage relationship with outside evaluator, present evaluation information to the Commission, the Executive Director, the public, and policy makers.
2. **Develop a more detailed action plan and timeline** for all family support service activities including a prioritized list of implementation tasks and timeframe for completion of tasks.
3. **Identify members of the local research community including local colleges and universities to serve on an advisory committee.** So that information provided by the evaluation is maximally useful to project decision-makers and the public, the advisory committee will:
 - Review proposals of outside evaluators
 - Advise on the optimal evaluation design
 - Critique annual reports
 - Advise as needed on measurement, design, and analysis of data
 - Assist the Evaluation Coordinator as needed
4. **Develop program evaluation RFP and put evaluation project out to competitive bid.**
5. **Select program evaluator.**

6. **Include evaluator in relevant decision-making processes**, determined jointly by the Executive Director and the Alameda County Children and Families Commission.
7. **Incorporate evaluation activities** into overall program implementation.
8. **Train line staff in data collection procedures.**
9. **Set regular feedback schedules between evaluation staff and *Every Child Counts* decision-makers.**
10. **Set regular meeting times between evaluation staff and key program personnel** to ensure the smooth coordination of evaluation and service-delivery components.
11. **Network with local research community** and actively invite researchers to conduct research that is compatible with the overall ecc vision, mission, an goals.
12. **Include the evaluation team in all program planning processes** to ensure the compatibility of evaluation and program implementation.
13. **Inform the research community of the progress of the ECC program** by sending regular communication through newsletters, bulletins, and internet.
14. **Include prominent members of the research community** in the ongoing planning process.